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County Borough of Great Yarmouth

REPORT

OF

**The Medical Officer
of Health**

The Port Medical Officer

AND

**The Principal School
Medical Officer**


for the Year

1957



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INTRODUCTION

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE
COUNTY BOROUGH OF GREAT YARMOUTH.

YOUR WORSHIP, LADIES AND GENTLEMEN,

I have the honour to present my annual report on the health of the borough for the year 1957.

GENERAL OBSERVATIONS.

The health of the community was reasonably satisfactory during the year. The numbers of births and deaths were similar to those of last year and the infant mortality rate remained lower than the national rate.

The 17 cases of poliomyelitis constituted the largest number ever notified in the town in one year, but only 7 were paralytic. Measles accounted for a very large outbreak of illness and there was also a fair incidence of whooping cough, but no deaths occurred from either disease. The town also had in the autumn its share of the pandemic of Asian influenza.

The statistics give an encouraging picture regarding tuberculosis. For the first time in the history of the town there were no notifications of non-pulmonary tuberculosis and the notifications of pulmonary tuberculosis reached a new low level. As indicated in previous reports, I am satisfied that all known cases of tuberculosis in the town are notified.

CANCER OF THE LUNG.

The number of deaths from cancer of the lung again increased and all were of male persons. While it would be unwise to draw conclusions from the statistics of a relatively small population, it is clear from the national trend that this disease is likely for some time to play an increasingly important role as a cause of death in this country. This is all the more regrettable because it is one which can now fairly be classified as, in the main, preventable.

In my annual report for 1955 I drew attention to the confusion in the public mind about the association between smoking and lung cancer and stated that the evidence was clear-cut and overwhelming. I added that this evidence stood out among the multitude of findings of cancer research as the one which, in practice, would be most likely to make a significant contribution towards solving the cancer problem in this country.

During 1957 the Ministry of Health drew the attention of local authorities to the report of the Medical Research Council which stated that in their opinion "the most reasonable interpretation of the findings is that the relationship is one of direct cause and effect". The Ministry expressed "the Government's intention that this opinion should be brought effectively to the public notice" and local authorities were "requested to take appropriate steps to this end". They added that "what is wanted is that the risks should be made known so that the individual who smokes can then make up his or her own mind".

This is not the first governmental announcement on smoking. James VI of Scotland and I of England published in 1604 his "Counterblast to Tobacco" in which he described smoking as "a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black stinking fume thereof nearest resembling the horrible Stygian smoke of the pit that is bottomless". This robust condemnation appears to have had little effect on the smoking habits of the nation, and experience of trying to carry out the Ministry's policy so far suggests that it will have no more.

The groups which it is important to influence are the children and young people, but they are more likely to be persuaded by the high powered and expert advertising of tobacco than by any local propaganda. Teachers, youth leaders and others who might be expected to influence young minds, show little enthusiasm for the subject. Attempts to interest the general public show that "few will hear and fewer heed the strain". Any effect which local propaganda may have is apt to be nullified by even a short news item in the national press quoting some "expert" with a Harley-street or other tag to his name throwing doubt on the evidence because it is "only statistical". These pronouncements are seldom challenged authoritatively and of course the public have it on good authority that there are "lies, damned lies and statistics". The truth is that evidence derived from sound statistics, properly interpreted, is thoroughly reliable. There is no organisation of any size, from the Government downwards, which does not use them as a major aid in guiding its policy.

If the attack on lung cancer is to be carried out only by health education and propaganda and if the job is to be tackled in earnest there must be a completely new outlook. It would require a sustained campaign at national level, conducted with all the expertise and subtlety of the advertising agencies. It should have as its background the proposition that lung cancer is in the main a preventible disease and as its aim the eradication of the habit of smoking from this country.

Edward VII is quoted as having said of tuberculosis, "If preventible, why not prevented?" In the half century since then, patient and determined efforts have brought that objective in view in spite of great obstacles. A similar approach and determination would be required on this subject, and the obstacles in the way, though different, would be no more formidable.

It would however be unrealistic to look at this problem simply as a problem of preventive medicine. Tobacco supports one of the major industries in the country and employs thousands of people, and the tobacco tax provides a major contribution to the national revenue. Any large success in eliminating smoking would have most serious social and economic consequences. Without a broadly based policy which takes into account all aspects of the case, the efforts of a single Ministry and of local authorities can amount to little more than playing with the problem.

J. M. Barrie in "My Lady Nicotine" wrote light-heartedly that "the Elizabethan age might be better named the beginning of the smoking era". Is it too much to hope that the second Elizabethan age might mark its end?

CARE OF MOTHERS AND YOUNG CHILDREN.

The report contains information requested by the Ministry of Health on developments in ante-natal care related to toxæmia, based on the recommendations of the memorandum published by the Central Health Services Council. This was a very useful document and its general adoption would lead to a high standard of ante-natal care. Every effort was made locally to have it discussed and adopted by the profession, and these efforts met with a great degree of success. I am still however of the opinion that the fundamental weakness of the maternity service is that it is divided into three parts administratively. This is a service which is crying out to be unified, and it is to be hoped that the Cranbrook Committee will find some practicable way in which this can be achieved.

HOME NURSING.

Attention is directed to this section of the report which includes information requested by the Ministry of Health on the effectiveness of the home nursing services "in relieving the pressure on hospitals by providing home care for patients who might otherwise have to be admitted to hospital". Evidence from a recent survey of all county boroughs with a population under 100,000 shows that Great Yarmouth has the highest proportion (67%) of patients over the age of 65 receiving help from the service.

POLIOMYELITIS VACCINATION.

This occupied a considerable part of the time of the staff, medical, nursing and clerical. Difficulties which arose in the production of vaccine imposed on the Ministry of Health delays and changes of policy which in turn gave rise to local difficulties in administration. These however were overcome locally and the scheme ran smoothly. At the end of the year there were however over 2,000 children awaiting a supply of vaccine.

HOUSING.

The Public Health Inspector's report shows that slum clearance is being carried on in accordance with the programme adopted. Note should be made however of his observation that it may have to be revised because the Rent Act has resulted in the repair of some houses in which disrepair was the main cause of their being included in the programme.

MEAT INSPECTION.

There has been considerable publicity in the country about the failure in some areas to inspect all animals killed in slaughterhouses. It is satisfactory to be able to report that it has again been found possible to inspect all animals killed in the local slaughterhouse.

ACKNOWLEDGEMENTS.

I again wish to commend the staff of the department for a hard year's work and to thank the Health Committee and the Council for their continued support and encouragement.

I am, Your Worship, Ladies and Gentlemen,

Your obedient servant,

K. J. GRANT,

Medical Officer of Health.

Health Department,
Town Hall,
Great Yarmouth.

HEALTH COMMITTEE

1957 - 1958

The Mayor :

Alderman Mrs. K. M. ADLINGTON

Chairman :

Councillor L. F. BUNNEWELL

Vice-Chairman :

Councillor T. H. STYLES (to October 1957)

Councillor J. P. WINTER (from December 1957)

Members :

Alderman Mrs. L. M. GILHAM, J.P.

Alderman W. E. MOBBS

Councillor Mrs. C. BATLEY

Councillor K. L. COLLETT

Councillor J. DUNBAR

Councillor P. S. FIELD

Councillor Mrs. E. V. FLEET

Councillor Mrs. L. L. PHILPOT

Councillor Mrs. M. M. STONE

Councillor F. E. TUCKER

COUNTY BOROUGH OF GREAT YARMOUTH
STAFF OF THE HEALTH DEPARTMENT
1957

Medical Officer of Health

K. J. GRANT, O.B.E., M.A., M.B., CH.B., D.P.H.

Deputy Medical Officer of Health

G. M. REYNOLDS, M.B., B.CH., B.SC., D.P.H.

Assistant Medical Officer of Health

M. R. McCLINTOCK, M.R.C.S., M.R.C.O.G.

Senior Dental Officer

W. NICHOLLS, L.D.S., R.C.S.

Assistant Dental Officer

K. L. HARRIES, L.D.S., R.F.P.S.

Chest Physician (Part-time)

I. M. YOUNG, M.B., CH.B.

Public Analyst (Part-time)

E. C. WOOD, PH.D., A.R.C.S., F.R.I.C.

Chief Public Health Inspector

*† F. R. PARMENTER

Deputy Chief Public Health Inspector

*† F. T. PORTER

District Public Health Inspectors

*L. V. BAILEY

*R. COLEMAN

*M. C. DUFFIELD (on National Service)

*K. W. RAGER

*A. C. TATTERSALL

*†H. D. WILLIAMS

*Certificate of the Royal Sanitary Institute and
Sanitary Inspectors' Examination Joint Board.

†Certificate of the Royal Sanitary Institute for
Inspector of Meat and Other Foods.

Rodent Officer

A. O. SCOTT

Superintendent Nursing Officer

MISS M. E. YOUNGS, S.R.N., S.C.M., Q.N.S., H.V.CERT. (to 6.4.57)
MISS G. C. MOORE, S.R.N., S.C.M., Q.N.CERT., H.V.CERT. (from 8.7.57)

Deputy Supervisor of Midwives

MRS. W. DONALDSON, S.R.N., S.C.M.

Midwives

MISS J. L. BEALES, S.R.N., S.C.M.
MISS E. GLUCKSMANN, S.C.M.
MISS R. F. HOBBS, S.R.N., S.C.M.
MRS. A. KLEPPE, S.C.M.
MISS M. KNIGHTS, S.R.N., S.C.M.
MISS M. E. NEAVE, S.E.A.N., S.C.M.
MRS. C. THOMSON, S.C.M.

Health Visitors

MRS. E. BURNELL, S.R.N., S.C.M., H.V.CERT.
MISS C. CONWAY, S.R.N., S.C.M.
MISS J. JONES, S.R.N., S.C.M., Q.N.S., H.V.CERT.
MISS M. WHITMORE, S.R.N., S.C.M., H.V.CERT.
MRS. E. M. CHARMAN, S.R.N., S.C.M., H.V.CERT.

Tuberculosis Health Visitor

MISS M. BIRD, R.S.C.N., S.C.M., H.V.CERT.

Home Nurses

MISS N. BISHOP, S.E.A.N.
MRS. K. ELLIS-SMITH, S.E.A.N.
MRS. M. E. GARDINER, S.R.N.
MISS I. GILLINGS, S.E.A.N.
MRS. C. E. GOMPERTZ, S.R.N.
MRS. A. HALL, S.R.N.
MISS L. LEWIS, S.R.N., R.F.N.
MRS. M. PRATT, S.E.A.N.

Mental Health Worker

MISS A. BENSON

Duly Authorised Officers (Part-time)

G. H. HOWLETT
G. E. SKIPPER

Ambulance Officer

J. DERRY

Chief Clerk

J. SAUNDERS, A.C.C.S. (to 30.9.57)
A. G. SHOOBRIDGE (from 1.10.57)

STATISTICS

GENERAL

Population—Census 1951	...	...	...	51,105
Population—1957 (estimated by Registrar General)	...	...	...	51,500
Area of the Borough (acres)	...	...	...	4,533
No. of persons per acre	...	...	...	11
Rateable value (1st April 1957)	...	...	...	£787,356
Product of a penny rate 1957/8	...	...	...	£3,173

* * *

BIRTHS

<i>Live births.</i>				M.	F.	T.
Legitimate	...	...	...	352	328	680
Illegitimate	...	...	...	39	27	66
Total	...	...	...	391	355	746

Crude birth rate	...	...	...	14.48
Adjusted birth rate (area comparability factor 1.02)	...	...	...	14.77

<i>Stillbirths.</i>				M.	F.	T.
Legitimate	9	6	15
Illegitimate	—	1	1
Total	9	7	16

Stillbirth rate (per 1,000 total births)	21.00
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* * *

DEATHS

<i>General.</i>				M.	F.	T.
Deaths (civilians)	349	308	657

Crude death rate	12.76
Adjusted death rate (area comparability factor 0.93)	11.86

				M.	F.	T.
Deaths associated with pregnancy or childbirth	—	—	—	—	1	1
Deaths from cancer (all ages)	...	...	...	82	54	136
„ „ measles (all ages)	...	...	...	—	—	—
„ „ whooping cough (all ages)	...	...	...	—	—	—
„ „ gastritis and enteritis (under 2 years of age)	...	...	...	—	1	1
„ „ diphtheria (all ages)	...	...	...	—	—	—

<i>Deaths of infants under 1 year of age.</i>				M.	F.	T.
Legitimate	...	...	...	11	4	15
Illegitimate	...	...	...	—	1	1
Total	...	...	...	11	5	16

Infant mortality rate :—

All infants per 1,000 live births	...	...	21.45
Legitimate infants per 1,000 legitimate live births	...	...	22.06
Illegitimate infants per 1,000 illegitimate live births	...	...	15.15
Neonatal deaths.	M.	F.	T.
	8	2	10
Neonatal death rate per 1,000 live births	...	...	13.40
Perinatal mortality rate (still births plus deaths in first week of life)	...	...	32.80

METEOROLOGY

The following table gives particulars of the weather observed at the Gorleston Meteorological Station. It follows the same pattern as the ones published in previous reports and enables comparisons to be made from year to year. The particulars are based on those included in the Registrar General’s weekly statistical returns for England and Wales.

Month	Temperature of the Air				Rainfall in inches	Sunshine	
	Highest	Lowest	Mean Maxi- mum	Mean Mini- mum		Mean Daily	Mean length of day
	°F	°F	°F	°F		hours	hours
January	57	30	45.5	38.5	1.06	2.26	8.1
February	56	29	46.4	38.4	2.44	2.44	9.6
March	66	33	50.4	42.3	1.65	3.64	11.8
April	64	34	50.5	42.3	0.05	5.46	13.9
May	63	34	54.6	44.4	1.33	6.54	15.6
June	81	43	61.5	51.3	1.81	10.98	16.6
July	77	48	67.7	56.9	3.22	5.75	16.3
August	72	47	65.3	55.2	3.07	5.97	14.7
September	68	42	61.5	50.7	2.95	3.92	12.8
October	63	37	56.9	47.1	1.14	3.73	10.7
November	60	32	50.2	46.3	2.16	2.11	8.7
December	54	27	44.6	37.9	0.75	1.93	7.6

Features of the year’s weather were the return to more normal temperatures during February when the lowest recorded was 29 degrees compared with 19 degrees last year.

June was the hottest month with a maximum temperature of 81 degrees. It was also the sunniest with a mean daily sunshine rate of 10.98 hours compared with 5.44 last year.

Total rainfall for the year was 21.63 inches. This was 0.49 inches less than last year and 1.49 inches less than the annual average for the ten years immediately prior to the war. April was again a dry month when only 0.05 of an inch was recorded. The wettest month was July when a total of 3.22 inches was measured.

POPULATION

The estimated mid-year population as given by the Registrar General was 51,500, the same figure as for the previous year. There is thus an increase of 395 in the population as compared with the figure ascertained at the 1951 Census.

The excess of births over deaths amounted to 89, and this natural increase in the population compares with increases of 46, 44, 18 and 82 in the years 1953, 1954, 1955 and 1956. This upward trend in the natural increase is in accordance with the national figures which show the biggest surplus of births over deaths since 1949. From a review of the population figures during the past few years it would appear that, subject to fluctuations in the natural increase, the town's population is now stabilised around 51,500. This figure takes no account of the enormous population increase during the summer season.

The table on page 17 gives particulars of the population for each year since before the war.

MARRIAGES

The number of persons married during the year was 802. This is the lowest figure since 1944, and 116 less than in 1956. The marriage rate of 15.57 per 1,000 population represents a decrease of 2.25 per 1,000 population on the recorded rate for 1956, but closely follows the rate of 15.4 for England and Wales.

BIRTHS

LIVE BIRTHS.

Registered live births showed a small increase from 738 in 1956 to 746 in 1957 of which 391 were males and 355 females. This resulted in a crude live birth rate of 14.48 per 1,000 of the population. In order to compare this figure with that for England and Wales it is necessary to make an adjustment for the way in which the sex and age distribution of the local population differs from that of England and Wales. The adjusted rate for Great Yarmouth was 14.77 which may be compared with a provisional national rate of 16.1.

Of the 746 total births, 680 were legitimate and 66 illegitimate. Illegitimate to legitimate births were therefore in the ratio of 1 to 11. Last year it was 1 to 13. Expressed in relation to 1,000 live births the local rate was 88 compared with 46 for England and Wales.

The table on page 17 shows variations in the live birth rate in previous years.

STILLBIRTHS.

The number of stillbirths registered during the year was 16 (9 male and 7 female) resulting in a rate of 21.0 per 1,000 total (live and still) births, as compared with 27.7 last year. Although the provisional

national stillbirth rate of 22.4 per 1,000 total live and stillbirths is the lowest ever recorded in this country it is encouraging to note that the local rate of 21.0 was even lower, particularly as the local stillbirth rate was frequently higher than the national rate in previous years.

MORTALITY

After adjustment for inward and outward transfers the number of deaths attributed to the borough for all causes was 657 (349 males and 308 females) which is one more than last year. This gives a crude death rate of 12.76 per 1,000 population. The adjusted death rate (i.e. the rate after applying the Registrar General's area comparability factor which makes allowance for the difference between the age and sex distribution of the population of the town and that of England and Wales as a whole) was 11.86 compared with the national rate of 11.5.

A table on page 16 gives particulars of the causes of death in age groups. This table uses the international categories adopted by the Registrar General. The table on page 15 gives the number of deaths for each sex and the percentage of deaths at various age groups during the year.

Deaths of persons over the age of 64 numbered 477 compared with 493 in 1956. The percentage of deaths in this age group was 72.60 compared with 75.15 for the previous year. Comparison of these figures with the figure for 50 years ago, which was 34.7, gives some indication of the changing pattern of mortality.

There were 20 deaths of persons under the age of 15 years. This was 4 less than in 1956 and represented 3.04 per cent of the total deaths. Deaths in institutions were 356 (54.18 per cent). In 39 cases deaths were the subject of inquests held by the Coroner, and 49 other deaths were certified by the Coroner without inquest.

The principal causes of death were again heart disease, cancer and vascular lesions of the central nervous system. The following table gives particulars of the past two years of the number of deaths, the rate per 1,000 population and the percentage of total deaths for each of these categories.

Cause of death	1957			1956		
	Number of deaths	Rate per 1,000 population	Percentage of total deaths	Number of deaths	Rate per 1,000 population	Percentage of total deaths
Heart disease— all forms	207	4.01	31.50	208	3.76	31.71
Cancer— all forms	136	2.64	20.70	125	2.26	19.05
Vascular lesions of central nervous system	88	1.70	13.39	103	1.86	15.70

Of the 207 deaths attributable to heart disease, 169 (81.6 per cent) were of persons over the age of 64 years.

The 136 deaths from cancer were 15 in excess of the average for the preceding five years. Those attributable to malignant neoplasm of the breast or uterus rose from 11 in 1956 to 24 in 1957, whilst deaths from cancer of the lung or bronchus also increased to 33 in 1957 as compared with 26 in 1956. A significant feature of the 1957 figure is that all the lung cancer deaths occurred in males.

The following table shows the age and sex distribution of all deaths from cancer of the lung or bronchus during the past five years :—

Deaths from cancer of the lung or bronchus, 1953 - 1957								
Year	Under 45		45 - 64		65 and over		Total	
	Male	Female	Male	Female	Male	Female	Male	Female
1953	—	—	10	1	8	—	18	1
1954	1	—	6	3	11	1	18	4
1955	1	—	9	1	5	1	15	2
1956	1	—	12	3	7	3	20	6
1957	1	—	17	—	15	—	33	—

There were 7 deaths from respiratory tuberculosis resulting in an adjusted death rate of 0.13 per 1,000 population as against 0.07 last year. Non-pulmonary tuberculosis accounted for 2 deaths. The national trend continues to show that, whilst deaths from tuberculosis are diminishing, deaths from cancer are increasing and the relative importance of these two diseases as causes of death is demonstrated by the fact that of the total local deaths during the year, 20.7 per cent were due to cancer and only 1.4 per cent due to tuberculosis.

Motor vehicle accidents caused 9 deaths, 5 more than last year.

There were no deaths from notifiable diseases apart from tuberculosis and pneumonia.

INFANT MORTALITY.

Deaths of infants under one year numbered 16 (11 male and 5 female). This was one less than last year and gave an infant mortality rate of 21.5 per 1,000 live births. The national rate of 23.0 was the lowest ever recorded in this country.

The causes of death as classified by the Registrar General are given in the table on page 16 but the following is a more complete analysis. With one exception, all the deaths occurred in hospital.

Cause of death	No. of cases
Prematurity	7
Congenital defect	1
Birth injuries	1
Atelectasis	1
Broncho pneumonia	2
Gastro enteritis	1
Accidental causes	2
Other conditions	1

It will be seen that about half the deaths were due to prematurity.

NEONATAL MORTALITY.

Of the 16 infant deaths mentioned in the infant mortality group, 10 took place within the first four weeks of life and were thus in the neonatal group. This resulted in a neonatal death rate of 13.40 per 1,000 live births compared with 18.97 in 1956.

The national rate again fell from 16.9 per 1,000 in 1956 to 16.5 in 1957 – the lowest ever recorded.

PERINATAL MORTALITY.

This term is used to describe the combination of stillbirths with deaths occurring during the first week of life.

The perinatal mortality rate was 32.80 per 1,000 live and still births compared with 44.80 last year. The latest available national rate was 38.0.

MATERNAL MORTALITY.

There was one death associated with pregnancy or childbirth. The death occurred in hospital and the certified cause was :—

- 1a. Bilateral cortical necrosis.
- b. Acute ante-partum haemorrhage.
- c. Toxaemia of pregnancy.

Sex Incidence and Percentage of Deaths in Age Groups										
	Under 1 year	1 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and under 75	75 and over	Total 1957	Total 1956
Males	11	1	3	—	10	98	116	110	349	345
Females	5	1	—	3	7	43	70	179	308	311
Total	16	2	3	3	17	141	186	289	657	656
% of total	2.4	0.3	0.4	0.4	2.8	21.4	28.3	44.0	—	—

COUNTY BOROUGH OF GREAT YARMOUTH.
CAUSES OF DEATH BY SEX AND AGE GROUP.
1957.

Cause of death	Males	Females	All ages	Age Groups								All Ages 1956
				Under 1 year	1 year and under 5 years	5 years and under 15 years	15 years and under 25 years	25 years and under 45 years	45 years and under 65 years	65 years and under 75 years	75 years and over	
Tuberculosis, respiratory	5	2	7	—	—	—	—	1	3	2	1	4
Tuberculosis, other ...	2	—	2	—	—	—	—	—	1	—	1	2
Syphilitic disease ...	1	1	2	—	—	—	—	—	—	1	1	3
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—
Measles ...	—	—	—	—	—	—	—	—	—	—	—	—
Other infective and parasitic diseases ...	—	1	1	1	—	—	—	—	—	—	—	1
Malignant neoplasm, stomach	13	9	22	—	—	—	—	—	7	8	7	25
Malignant neoplasm, lung, bronchus ...	33	—	33	—	—	—	—	1	17	13	2	26
Malignant neoplasm, breast	1	13	14	—	—	—	—	1	5	4	4	10
Malignant neoplasm, uterus	—	10	10	—	—	—	—	2	5	2	1	1
Other malignant and lymphatic neoplasms ...	34	20	54	1	—	—	1	1	15	18	18	63
Leukæmia, aleukæmia ...	1	2	3	—	—	—	—	—	—	3	—	—
Diabetes ...	2	5	7	—	—	—	—	—	2	1	4	7
Vascular lesions of nervous system ...	36	52	88	—	—	—	—	1	9	20	58	103
Coronary disease, angina ...	60	22	82	—	—	—	—	4	22	34	22	102
Hypertension with heart disease	8	11	19	—	—	—	—	—	3	5	11	4
Other heart disease ...	40	66	106	—	—	—	—	1	8	20	77	102
Other circulatory disease ...	19	26	45	—	—	—	—	—	3	7	35	32
Influenza ...	6	2	8	—	—	—	—	1	1	4	2	6
Pneumonia ...	7	9	16	2	1	—	—	1	1	5	6	19
Bronchitis ...	22	4	26	—	—	—	—	—	5	14	7	38
Other diseases of respiratory system ...	2	1	3	—	—	—	—	—	—	2	1	5
Ulcer of stomach and duodenum ...	4	4	8	—	—	—	—	—	3	4	1	3
Gastritis, enteritis and diarrhœa	1	2	3	—	1	—	—	—	—	—	2	2
Nephritis and nephrosis ...	1	2	3	—	—	—	—	—	1	1	1	5
Hyperplasia of prostate ...	1	—	1	—	—	—	—	—	1	—	—	7
Pregnancy, childbirth, abortion	—	1	1	—	—	—	—	1	—	—	—	—
Congenital malformations	2	—	2	1	—	—	—	—	—	1	—	4
Other defined and ill-defined diseases ...	25	25	50	9	—	—	—	1	13	13	14	51
Motor vehicle accidents ...	5	4	9	—	—	—	1	2	4	1	1	4
All other accidents ...	12	13	25	2	—	2	1	1	4	4	11	24
Suicide ...	5	1	6	—	—	—	—	—	4	1	1	1
Homicide and operations of war ...	1	—	1	—	—	—	—	1	—	—	—	2
ALL CAUSES ...	349	308	657	16	2	2	3	20	137	188	289	656

VITAL STATISTICS

GREAT YARMOUTH COMPARED WITH ENGLAND AND WALES

Year	Population	LIVE BIRTHS			MARRIAGES			DEATHS			INFANT MORTALITY			NEO-NATAL MORTALITY			STILLBIRTHS		
		Number	Rate per 1,000 population		Number (persons)	Rate per 1,000 population		Number	Rate per 1,000 population		Number	Rate per 1,000 live births		Number	Rate per 1,000 live births		Number	Rate per 1,000 total live and stillbirths	
		Great Yarmouth		England & Wales	Great Yarmouth		England & Wales	Great Yarmouth		England & Wales	Great Yarmouth		England & Wales	Great Yarmouth		England & Wales	Great Yarmouth		England & Wales
1931†	56,769	844	14.8	15.8	870	15.3	15.6	742	10.9	12.3	49	58.1	66	19	22.5	30.3	31	35.4	41
1938	53,780	756	14.1*	15.1	1,142	21.2	17.6	663	10.7	11.6	39	51.6	52.8	27	35.7	27.2	33	41.8	38.3
1939	53,090	758	14.3*	14.8	1,234	23.3	21.2	719	11.9†	12.1	32	42.1	50.6			27.2	24	30.6	38.1
1940	43,730	705	16.1*	14.1	1,234	28.2	22.5	762	15.1	14.4	40	62.5	56.8			28.6	27	36.9	37.2
1941	28,350	570	20.1*	13.9	734	25.9	18.6	593	20.9*	13.5	19	43.4	60.0			27.9	23	38.8	34.8
1942	25,200	469	18.6*	15.6	706	28.0	17.7	443	17.6*	12.3	17	36.2	50.6			26.2	19	38.9	33.2
1943	26,140	560	21.4*	16.2	584	22.3	14.0	487	18.6*	13.0	25	44.6	49.1			25.2	11	19.3	30.1
1944	28,340	657	23.2*	17.7	606	21.4	14.3	408	14.4*	12.7	16	24.4	45.4			24.4	16	23.8	27.6
1945	34,250	672	19.6*	15.9	906	26.5	18.7	537	15.7*	11.4	29	43.2	46.0			24.8	27	38.6	27.6
1946	43,370	1,048	24.2*	19.2	984	22.7	18.0	634	14.6*	11.5	30	28.6	42.9	13	12.4	24.5	43	39.4	27.2
1947	47,410	1,078	22.7*	20.5	910	19.2	18.6	631	13.3*	12.3	35	32.5	41.4	20	18.6	22.7	32	28.8	24.1
1948	50,140	951	19.0*	17.8	988	19.7	18.2	630	12.6*	10.8	31	32.6	33.9	12	12.6	19.7	22	22.6	23.2
1949	50,460	813	16.1*	16.7	850	16.9	17.1	644	11.5	11.7	28	34.4	32.4	20	24.6	19.3	24	28.7	22.7
1950	51,310	771	15.2	15.8	962	18.8	16.3	641	11.1	11.6	22	28.5	29.6	11	14.3	18.5	27	33.8	22.6
1951†	51,105	729	14.4	15.4	824	16.1	16.4	767	13.4	12.5	22	30.2	29.7	14	19.2	18.8	15	20.2	23.1
1952	50,900	739	14.7	15.3	876	17.2	15.8	629	11.0	11.3	12	16.2	27.6	11	14.9	18.3	18	23.8	22.7
1953	51,300	715	14.1	15.4	868	16.9	15.6	669	11.6	11.4	15	21.0	26.8	9	12.6	17.7	18	24.6	22.5
1954	51,550	782	15.6	15.2	808	15.7	15.4	638	10.8	11.3	21	26.9	25.5	12	15.4	17.7	14	17.6	24.0
1955	51,600	696	13.9	15.0	862	16.7	16.1	678	11.4	11.7	23	33.1	24.9	15	21.6	17.3	14	19.7	23.1
1956	51,500	738	14.8	15.7	918	17.8	15.8	656	11.9	11.7	17	23.0	23.8	14	19.0	16.9	21	27.7	23.0
1957	51,500	746	14.8	16.1	802	15.6	15.4	657	11.9	11.5	16	21.5	23.0	10	13.4	16.5	16	21.0	22.4

A blank space on the table indicates that the information is not available.

† Based on a population figure 52,780 as issued by Registrar General.

* Crude rate.

‡ Census Years.

INFECTIOUS DISEASES

The table on the opposite page gives, in age groups, the number of notifications of infectious diseases received during 1957. Apart from measles and whooping cough the incidence was again low.

The local arrangement whereby the Medical Officer of Health acts as the Medical Superintendent of the Isolation Hospital continued and ensured the fullest co-operation between the preventive and curative services.

MEASLES AND WHOOPING COUGH.

Not since 1952 have so many cases of measles been notified in any one year. There were no fatalities. Before the war, a measles epidemic of this magnitude would probably have been responsible for the deaths of a dozen or more children in the town. Among the factors which are responsible for this change are the generally improved standards of child care and the availability of modern drugs and antibiotics.

Outbreaks of whooping cough tend to occur locally every two to three years. The town had been remarkably free of whooping cough during 1956. Only 12 cases had been reported during that year compared with 204 this year.

POLIOMYELITIS.

Thirteen cases of poliomyelitis were notified, of which 7 were paralytic and 6 non-paralytic. This is the largest number of notifications ever received in one year.

There was one death, that of a male aged 41 years, whose case is not included among the notifications. The cause of death was certified by the Coroner after a post mortem examination. The patient had not been admitted to hospital.

DYSENTERY AND FOOD POISONING.

There were only 3 notifications of dysentery and 16 of food poisoning.

On the basis that two related cases constitute an outbreak, there were 5 outbreaks of food poisoning involving in all 11 persons. All were family outbreaks.

The organism responsible for the food poisoning was identified in 9 out of the 16 notifications, and in every case was of the salmonella group.

INFLUENZA.

Outbreaks of influenza were reported from several countries in the Far East in April. A wave of so-called "Asian flu" spread westward and outbreaks were reported in this country in September. In Yarmouth

NOTIFIED INFECTIOUS DISEASES IN AGE GROUPS

	Age groups										Total 1957	Total 1956
	0 -	1 -	3 -	5 -	10 -	15 -	25 -	45 -	65 +	Un- known		
Scarlet fever	—	1	—	6	3	—	1	—	—	—	11	37
Whooping cough	15	18	51	116	4	—	—	—	—	—	204	12
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—
Measles	35	217	338	658	13	5	1	—	—	9	1276	8
Pneumonia	—	1	—	2	2	1	2	5	3	—	16	21
Meningococcal infection	—	1	—	—	—	—	—	—	—	—	1	1
Acute poliomyelitis												
Paralytic	—	2	2	3	—	—	—	—	—	—	7	—
Non-paralytic	—	—	—	3	1	2	—	—	—	—	6	—
Acute encephalitis												
Infective	—	—	—	—	—	—	—	—	—	—	—	—
Post infectious	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	1	1	1	—	3	12
Ophthalmia neonatorum	—	—	—	—	—	—	—	—	—	—	—	1
Puerperal pyrexia	—	—	—	—	—	—	7	—	—	—	7	5
Smallpox	—	—	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	1
Enteric fever	—	—	—	—	—	—	—	—	—	—	—	—
Food poisoning	2	—	1	1	—	1	4	4	—	3	16	45
Erysipelas	—	—	—	—	—	—	—	2	2	—	4	9
Malaria	—	—	—	—	—	—	—	—	—	—	—	—
Infective hepatitis	—	—	—	—	—	—	3	—	—	—	3	2
Total	52	240	392	789	23	9	19	12	6	12	1554	154

cases began to be reported towards the end of that month and the incidence increased rapidly to reach a peak in the middle of October, after which it declined and the outbreak came to an end about the middle of November.

At the height of the outbreak, claims on the Ministry of Pensions and National Insurance for sickness benefit were about four times the average. In one large factory in the town the absence rate due to illness was increased 5 times. In schools the absence rate was patchy, varying from as low as 3% in one school to as high as 61% in another during the same week. The general pattern suggested that older children were infected first, younger children later, and that the peak for adults was later still.

Samples of blood were taken from some patients in an attempt to identify the virus responsible but no specific evidence of the presence of the Asian strain was received from the laboratory. By analogy with the rest of the country however there is little doubt that this was the strain responsible for the majority of cases.

Influenza is not a notifiable disease and I wish to express my thanks for the willing co-operation of general practitioners, factory owners, the Ministry of Pensions and National Insurance, and the Education Department in providing information which helped me to carry out the duty of informing myself "as far as practicable respecting all matters affecting or likely to affect the public health in the district".

TUBERCULOSIS.

The number of cases on the tuberculosis register at the end of the year was 340, compared with 375 at the end of 1956. They were classified as follows :—

	Men	Women	Children	Total
Pulmonary	154	136	15	305
Non-pulmonary	14	15	6	35
Total	168	151	21	340

New Cases.

The number of new cases which came to notice was 24, of which 17 were formal notifications, and 7 transfers from other areas. In addition, two men, one aged 79 and one 61, who had previously attended the Chest Clinic, and in whom the diagnosis had not been established, were certified as having died from pulmonary tuberculosis.

There were no notifications of non-pulmonary tuberculosis.

Analysis of formal notifications by age and sex :—

	0 -	1 -	2 -	5 -	10 -	15 -	20 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary														
Males	—	—	—	—	—	2	—	—	—	2	2	—	1	7
Females	—	—	—	—	—	2	5	1	2	—	—	—	—	10

Of these new cases, only two had well marked symptoms. One was a man aged 78 who died shortly after notification, and the other a woman aged 39 who had extensive disease, but she is now making good progress in hospital.

Only 9 of the new cases have produced a positive sputum.

The number of formal notifications gives a notification rate of 0.33 per 1,000 population, compared with 0.56 in 1956. This is the lowest rate ever recorded in the town.

The table at the end of this section gives particulars of the incidence of tuberculosis in each year since 1945.

Mortality.

There were 7 deaths from pulmonary tuberculosis during 1957, giving a death rate of 0.13 per 1,000 population compared with 0.08 in 1956. The corresponding death rate for England and Wales was 0.095.

Four persons whose names were on the tuberculosis register died from other causes.

There were 2 deaths from non-pulmonary tuberculosis, the registered cause of death in one case being uraemia following long-standing renal tuberculosis, and in the other senile spinal tuberculosis.

Of the 7 deaths from pulmonary tuberculosis, four had been ill for many years, one died in hospital from haemorrhage following an operation for lobectomy, and two were the un-notified cases mentioned previously.

The following table gives an analysis of the deaths in age groups :—

	0 -	1 -	5 -	15 -	25 -	35 -	45 -	55 -	65 -	75 +	Total
Pulmonary											
Male	—	—	—	—	—	—	—	2	2	1	5
Female	—	—	—	—	—	1	1	—	—	—	2
Non-pulmonary											
Male	—	—	—	—	—	—	1	—	—	1	2
Female	—	—	—	—	—	—	—	—	—	—	—
Total	—	—	—	—	—	1	2	2	2	2	9

The numbers of notifications and deaths from all forms of the disease, with the resultant rates per 1,000 population, for each year since 1945, are given in the following table :—

Year	No. of formal notifications		Notification rate		No. of deaths		Death rate	
	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary	Pul-monary	Non pul-monary
1945	37	5	1.08	0.15	25	2	0.72	0.06
1946	41	5	0.95	0.11	34	6	0.78	0.14
1947	37	3	0.78	0.06	28	1	0.59	0.02
1948	41	10	0.81	0.19	26	7	0.51	0.14
1949	50	3	0.99	0.05	17	1	0.33	0.02
1950	55	8	1.07	0.15	17	2	0.33	0.04
1951	37	4	0.72	0.07	15	3	0.29	0.06
1952	43	8	0.84	0.15	13	1	0.25	0.02
1953	25	5	0.49	0.10	5	—	0.09	—
1954	28	10	0.54	0.19	5	1	0.10	0.02
1955	21	4	0.41	0.08	12	3	0.20	0.05
1956	27	2	0.52	0.04	4	2	0.08	0.04
1957	17	—	0.33	—	7	2	0.13	0.04

VENEREAL DISEASES.

The Venereal Diseases Clinic is the responsibility of the hospital authorities and thanks are due to the physician in charge for the following details of the year's work.

	Total	Male	Female
Patients under treatment or observation on January 1st	55	25	30
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition ...	2	—	2
Patients transferred from other centres after diagnosis	1	1	—
<i>Syphilis</i>			
Patients dealt with for the first time suffering from :			
Syphilis primary	—	—	—
Syphilis secondary	1	—	1
Syphilis latent in the 1st year of infection	—	—	—
Syphilis cardio-vascular	2	1	1
Syphilis of the nervous system	—	—	—
All other late or latent stages	—	—	—
Syphilis congenital : aged under 1 year	—	—	—
Syphilis congenital : aged 1 but under 5	—	—	—
Syphilis congenital : aged 5 but under 15	—	—	—
Syphilis congenital : aged 15 and over	1	—	1
Total	4	1	3

	Total	Male	Female
Patients completing treatment and/or observation	5	3	2
Patients transferred elsewhere	1	1	—
Patients not completing treatment and/or observation	3	2	1
Patients under treatment or observation on December 31st	53	21	32

Gonorrhoea

Patients under treatment or observation on January 1st	2	—	2
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition ...	—	—	—
Patients transferred from other centres after diagnosis	1	1	—
Patients dealt with for the first time ...	29	13	16
Patients completing treatment and/or observation	12	3	9
Patients transferred elsewhere	6	6	—
Patients not completing treatment and/or observation	5	3	2
Patients under treatment or observation on December 31st	9	2	7

Other Conditions

Patients under treatment or observation on January 1st	10	9	1
Patients removed from the register in previous years who returned during the year for treatment or observation of the same condition ...	—	—	—
Patients transferred from other centres after observation	5	5	—
Patients dealt with for the first time suffering from :			
Chancroid	—	—	—
Lymphogranuloma venereum ...	—	—	—
Granuloma inguinale	—	—	—
Non-gonococcal urethritis	22	22	—
Any other conditions requiring treatment	24	12	12
Conditions not requiring treatment ...	35	29	6
Undiagnosed conditions	—	—	—

Total	81	63	18
-------	----	----	----

Patients completing treatment and/or observation	65	54	11
Patients transferred elsewhere	6	5	1
Patients not completing treatment and/or observation	15	10	5
Patients under treatment or observation on December 31st	10	8	2

NATIONAL HEALTH SERVICE ACT, 1946

INTRODUCTION.

The Health Committee continued to be responsible for the provision of local health services under Part III of the National Health Service Act, 1946. This section of the report gives particulars of the various services, along with the statistics for 1957, and draws attention to a number of developments that took place during the year.

As in previous years, a close liaison was maintained with the other two branches of the National Health Service – the hospital authorities and the Executive Council, and the level of co-operation throughout was very high.

CARE OF MOTHERS AND YOUNG CHILDREN

ANTE-NATAL CARE RELATED TO TOXAEMIA.

The Minister of Health has asked for full information about any developments following the meetings held to discuss the memorandum on ante-natal care related to toxæmia referred to in circular 9/56.

The Chairman of the Hospital Management Committee convened as requested a meeting of professional representatives of the three parts of the National Health Service to discuss the professional issues raised. The memorandum was not unanimously welcomed but after discussion at a series of meetings held in Norwich it was agreed to record the feeling of the professional representatives that “the recommendations of the Central Health Services Council form the basis of a sound ante-natal service and the committee recommend their application subject to such modifications as may be necessary to meet local conditions”. This conclusion, along with others, was submitted to the Hospital Management Committee, the Local Health Authorities and the Executive Councils for such action as they thought fit.

In Great Yarmouth a representative meeting of professional people was convened to work out the practical application of the policy locally. It was made clear that, in all respects except one, the facilities existed for carrying out the policy. The exception was that the recommendation regarding groups which should have their babies in hospital could not be carried out owing to shortage of beds. An agreed memorandum was circulated to all doctors in the town reminding them of the general policy which was recommended and of the facilities available for applying it locally.

There is little doubt that as a result of the memorandum there has been some improvement in the local services. But the experience of dealing with this circular and memorandum served mainly to strengthen the view repeatedly expressed in these reports, that the Maternity Services will never be quite satisfactory so long as they are divided into three parts. It is to be hoped that the Cranbrook Committee will find some practicable way of establishing a unified service.

ANTE-NATAL AND POST-NATAL CLINICS.

The need for the local health authority to provide clinics for ante-natal care diminished further as expectant mothers increasingly took advantage of the National Health Service to engage their general practitioners. The numbers attending were so low that the number of clinics was further reduced in November by discontinuing the Gorleston medical ante-natal clinic. The few mothers from Gorleston now attend the Great Yarmouth clinic, or if this is inconvenient special arrangements can be made for them to be seen at Gorleston.

The arrangements for medical ante-natal clinics are shown below :—
Ante-natal and post-natal clinic sessions :

Great Yarmouth Clinic	Alternate Wednesdays 2.30 p.m. to 4 p.m.
Gorleston Clinic	Alternate Wednesdays 2.30 p.m. to 4 p.m. (discontinued November 1957).

Post-natal patients were seen by special appointment at the ante-natal clinics.

The attendances at the medical ante-natal clinics were as follows :—

	No. of women who attended during year	No. of new patients	Total no. of attendances during year
Ante-natal Clinics:—			
Great Yarmouth	63	58	150
Gorleston	29	26	66
Post-natal examinations	8	8	8

While the need for medical ante-natal clinics decreased, the arrangements for education and training of the expectant mother had to be increased. The parentcraft and group relaxation classes were held every Monday evening and alternate Wednesday afternoons in Gorleston but the latter was abandoned because mothers preferred the evening classes. A new class was started at the Yarmouth Clinic on Mondays at 7.15. The classes are now so well established that it was possible to offer the facilities to mothers attending hospital, but few have attended. Eleven mothers from villages in the county area adjoining the town have attended.

The details of attendances are shown below :

	No. of women who attended during the year	Total number of attendances during the year
Great Yarmouth	226	753
Gorleston	298	1004

In addition to the above, midwives' maternity clinics for ante-natal care were conducted as part of the Midwifery Service. Further details are contained in the section dealing with that service.

CHILD WELFARE CLINICS.

The clinic in the Shrublands Youth and Adult Centre which was started in 1950 to serve the housing estates in the area, continued this year. The accommodation available there was however inadequate for the purpose and towards the end of the year an approach was made to the Trustees of the Methodist Church, who were constructing a new church in the area served by the Shrublands Clinic, for hiring the church hall. As soon as the building was completed in January 1958 the clinic was transferred to very suitable accommodation in the rooms of the church building.

The arrangements for child welfare clinics were as follows :—

Great Yarmouth Clinic	— Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic	— Monday and Friday, 2.30 p.m. to 4.30 p.m.
Shrublands Clinic	— Wednesday, 2.30 p.m. to 4.30 p.m.

At the Friday clinics at both Yarmouth and Gorleston, vaccination and immunisation were available for all-comers with or without an appointment.

The following table shows the number of children and the number of attendances by age groups :—

No. of children who first attended during the year and who at their first attendance were under 1 year of age		No. of children who attended during the year and who were born in :—			Total no. of children who attended during the year	No. of attendances during the year made by children who at date of attendance were :—			Total attendances during the year
		1957	1956	1955-52		Under 1 year of age	Over 1 but under 2 years of age	Over 2 but under 5 years of age	
Yarmouth	456	240	211	278	729	6062	1045	763	7870
Gorleston	446	200	197	287	684	3290	509	619	4418
Shrublands	165	142	135	150	427	1513	246	275	2034
Total	1067	582	543	715	1840	10865	1800	1657	14322

WELFARE FOODS.

Arrangements for the distribution of welfare foods (dried milk, orange juice, cod liver oil and vitamin tablets) continued to run smoothly throughout the year from the four centres shown below :—

Yarmouth Clinic, Greyfriars Way.	Tuesday, Thursday and Friday, 2.30 p.m. to 4.30 p.m.
Gorleston Clinic, Trafalgar Road East.	Monday and Friday, 2.30 p.m. to 4.30 p.m.
Shrublands Clinic, Magdalen Way.	Wednesday, 2.30 p.m. to 4.30 p.m.
Women's Voluntary Services, Dene Side.	Every day except Saturday and Sunday, 10 a.m. to 12.30 p.m.

The following table gives particulars of the numbers of items distributed :—

Quarter ended	Tins National Dried Milk	Bottles Cod Liver Oil	Packets Vitamin Tablets	Bottles Orange Juice
31.3.57	8516	1282	683	10224
30.6.57	6239	924	633	11359
29.9.57	6215	827	606	11721
31.12.57	5652	969	560	7515
Totals 1957	26622	4002	2482	40819
Totals 1956	35465	5051	2568	38982

The table shows that, apart from orange juice, there was a general fall in sales. Since the rise in price of national dried milk there is an increasing tendency to purchase proprietary brands of milk instead of national dried, while taking liquid milk at the reduced price.

Following the Minister of Health's acceptance of the recommendation of the Joint Sub-Committee on Welfare Foods, the supply of welfare orange juice was restricted, from 1st November 1957, to children under the age of two years. Sales were thus relatively low for the December quarter as is shown by the above table.

The Minister has also made arrangements with the suppliers of national dried milk and of cod liver oil to reduce the vitamin D content of these products to levels recommended by the Joint Committee.

Sincere thanks are again due to the local branch of the Women's Voluntary Services for their valuable assistance in the distribution of welfare foods.

A considerable variety of other welfare foods and nutrients were again available at the clinics at cost price plus a small administrative charge. Sales of these items were greater than in 1956.

PROVISION OF MATERNITY OUTFITS.

Maternity outfits were provided free of charge for mothers having their confinements at home. These outfits were available to the mothers at the ante-natal clinics. A total of 521 outfits were issued during the year.

CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

There was no change in the arrangements described in the report for 1954. The Council continued their annual grant in support of the general work of the Norwich Diocesan Council for Moral Welfare and they also accepted financial responsibility for individual cases on a per capita basis. There were five such cases during the year.

OPHTHALMIA NEONATORUM.

No cases were notified.

PREMATURE BIRTHS.

The general arrangements for the care of premature babies were the same as those described in previous reports. The two specially equipped cots were put to very good use during the severe winter in preventing cold injury to the newborn.

The table opposite gives particulars of all premature live and still births.

DENTAL CARE.

The Council continued to provide for the dental treatment of expectant and nursing mothers and young children in accordance with the provisions of section 22 of the National Health Service Act 1946. The treatment was carried out by separate dental officers at the two permanent clinics. Full facilities, including general anaesthetics and the provision of dentures, were available in well equipped surgeries. Mechanical work in connection with dentures was sent out to contract as there was insufficient to justify employing a mechanic.

Mothers attending ante-natal clinics were invited to attend the dental clinics for inspection and treatment. Not so many mothers were treated as in the previous year but more time was devoted to the care of young children. The mothers who did attend were, however, eager to have the teeth conserved. The value of this form of treatment is being increasingly appreciated by those who accept it, and it gratifying to see that many of the mothers are taking great care of their teeth. The Senior Dental Officer expresses appreciation of the co-operation of the staff of the Maternity and Child Welfare Services in referring expectant mothers and hopes that they will continue to persuade them to have their teeth at least examined. He draws attention to a falling-off in the number of mothers attending towards the end of the year.

PREMATURE BIRTHS

(i.e. live births and still births of 5½ lbs. or less at birth).

1. No. of premature live-births notified (as adjusted by transferred notifications).

(a) in hospital	18
(b) at home	25
(c) in private nursing homes	—
Total	43

2. No. of premature still-births notified (as adjusted by transferred notifications).

(a) in hospital	6
(b) at home	2
(c) in private nursing homes	—
Total	8

Weight at birth	Premature Live Births															Premature Stillbirths		
	Born in Hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in nursing home and transferred to hospital on or before 28th day			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days	Total	Died within 24 hrs. of birth	Survived 28 days			
3 lb. 4 oz. or less (1,500 gms. or less)	5	4	1	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—
Over 3 lb. 4 oz., up to and including 4 lb. 6 oz. (1,500-2,000 gms.)	3	—	1	1	—	1	1	—	1	—	—	—	—	—	—	1	1	—
Over 4 lb. 6 oz., up to and including 4 lb. 15 oz. (2,000—2,250 gms.)	4	—	4	4	—	4	1	—	1	—	—	—	—	—	—	3	1	—
Over 4 lb. 15 oz., up to and including 5 lb. 8 oz. (2,250—2,500 gms.)	6	—	4	16	—	16	2	—	1	—	—	—	—	—	—	—	—	—
Total	18	4	10	21	—	21	4	—	3	—	—	—	—	—	—	6	2	—

The following is a summary of the work done over the past five years :—

(a) Numbers provided with dental care :—

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers				
1953	28	28	26	21
1954	49	47	47	21
1955	147	142	112	73
1956	123	113	95	69
1957	106	96	93	76
Children under five				
1953	58	53	53	45
1954	90	88	78	78
1955	164	135	116	100
1956	199	174	158	146
1957	351	261	251	245

(b) Forms of dental treatment provided :—

	Extractions	General anæsthetics	Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Crowns or Inlays	Radiographs	Dentures provided		
								Complete	Partial	Total
Expectant and nursing mothers										
1953	108	10	52	3	—	—	—	3	10	13
1954	146	22	49	4	—	—	2	5	9	14
1955	491	77	146	71	—	—	4	26	39	65
1956	330	67	134	31	3	1	2	22	35	57
1957	166	46	139	24	1	—	5	10	25	35
Children under five										
1953	88	19	10	3	2	—	—	1	—	1
1954	94	27	29	—	11	—	—	—	—	—
1955	109	51	41	—	257	—	—	—	—	—
1956	168	92	83	—	330	—	—	—	—	—
1957	248	149	96	—	564	—	—	—	—	—

MIDWIFERY SERVICE

This section includes information both on the duty of the authority to provide a Domiciliary Midwifery Service under section 23 of the National Health Service Act and on its function under the Midwives Act, 1951, as Local Supervising Authority of all midwives practising in the area.

The Superintendent Nursing Officer was officially appointed non-medical supervisor of midwives in October. She had the responsibility of Superintending the Council's Midwifery Service (eight inspections), and also the supervision of all midwives practising in the area (two inspections). Medical oversight was provided by the Assistant Medical Officer.

MUNICIPAL MIDWIVES

Eight district midwives were employed by the Council; one of these, who had been given paid leave of absence to attend a course of training as a Health Visitor, returned to the service in July having gained the Health Visitor's certificate. Two midwives attended refresher courses approved by the Central Midwives Board.

INSTITUTIONAL AND INDEPENDENT MIDWIVES.

Eleven midwives employed by the General Hospital notified their intention to practise in this area. There were no notifications of intention to practise from independent midwives.

DISCIPLINARY ACTION.

It was not necessary to report any midwife practising in the area to the Central Midwives Board under the disciplinary code.

ADMINISTRATION OF ANALGESIA.

All midwives employed by the authority are trained in the administration of gas and air analgesia. It was administered to 375 patients by the staff while practising as midwives and to 67 patients when the midwives were acting as maternity nurses.

Two midwives employed by the hospital are not yet trained in the administration of gas and air analgesia, but arrangements have been made for them to take the special two weeks' course at Ipswich during 1958.

Pethidine analgesia was used by the district staff for 286 patients when practising as midwives and for 57 patients when acting as maternity nurses.

Trilene analgesia is not used by midwives on their own responsibility.

NUMBER OF CONFINEMENTS

The total number of births notified to the local supervising authority was 854, which is a slight increase on last year (828). Of the total, 515 (60.3%) were delivered by domiciliary midwives and 339 (39.7%) were confined in hospital. The national figure for confinements at home for 1956 was 36%. Great Yarmouth still has a larger proportion of confinements conducted at home than almost any other part of the country.

One hundred and sixteen home visits were paid to mothers who applied for admission to hospital on social grounds. 36 of these were not recommended.

Of the patients confined in hospital, 78 were discharged before the fourteenth day (an increase of 13 from last year) and were attended by domiciliary midwives.

The following table, taken from the return made to the Ministry of Health, gives details of the attendance of doctors at confinements.

	Domiciliary Cases					Cases in Institutions
	Dr. not booked Dr. present at delivery	Dr. not present at delivery	Dr. booked Dr. present at delivery	Dr. not present at delivery	Total	
Midwives employed by the authority	—	20	74	406	500	—
Midwives employed by hospital management committees	—	—	—	—	—	294
Midwives in private practice	—	—	—	—	—	—
Totals	—	20	74	406	500	294

MIDWIVES' MATERNITY CLINICS.

Maternity clinics were held each Monday afternoon at Yarmouth and each Tuesday afternoon in Gorleston. At these clinics midwives carried out the routine ante-natal examination of cases booked with general practitioners. This is work which in earlier days would have been done during a home visit, and this was still available to those mothers who preferred it, but in general the examinations can be done better with the aid of the facilities available at the clinics. Education and training of the expectant mother was also undertaken by the midwives at these clinics.

They also played the major part in the parentcraft and group relaxation classes, of which further details are given in the section on Care of Mothers and Young Children.

MEDICAL AID

Number of cases in which medical aid was summoned during the year under Section 14(1) of the Midwives Act, 1951, by a midwife :—

(a) For domiciliary cases :—	
(i) Where the medical practitioner had arranged to provide the patient with maternity medical services under the National Health Service	94
(ii) Others	5
(b) For cases in institutions	81

HEALTH VISITING

Of the six health visitors employed by the Council, one was engaged full-time on tuberculosis and three of the others spent one third of their time on the School Health Service. The day-to-day supervision of the work was carried out by the Superintendent Nursing Officer.

The arrangements whereby each visitor was responsible for all health visiting, apart from tuberculosis, within a defined area remained unchanged; each area contained about 800 children under the age of five years.

A new health visiting card was designed in consultation with the health visitors, and was introduced in September to replace the old card which had remained unchanged for many years.

Another new card – for aged and handicapped persons – was in preparation at the end of the year.

The Council continued their policy of sending health visitors on a refresher course once in five years, as recommended in the Health Visitors' Working Party report. The midwife who was sent for health visitor training at the Royal College of Nursing last year successfully completed the course and returned to midwifery duties in July.

A considerable part of the health visitors' time was devoted to poliomyelitis vaccination and B.C.G. vaccination and this resulted in a slight fall in the number of visits.

Visits to the aged and the handicapped were continued. At the end of the year there were 182 such persons on their visiting lists in the following categories :—

Aged 115; Spastic 8; Epileptic 23; Others 36.

The number of visits paid to aged persons was 624.

The following is a survey of the work done during the year :—

Health Visitors :

No. of children under 5 years of age visited during the year	4,027
Expectant mothers, first visits	322
„ „ total visits	640
Children under 1 year of age, first visits	731
„ „ „ total visits	6,101
Children age 1 year and under 2 years, total visits	3,922
Children age 2 but under 5 years, total visits	6,131
Tuberculosis households, total visits	240
Other patients, total visits	3,181
Total number of families or households visited by Health Visitors	4,004

Tuberculosis Health Visitor :

Total visits paid to tuberculous households	932
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HOME NURSING SERVICE

The Ministry of Health have requested information about the “effectiveness of the Home Nursing Services in relieving the pressure on hospitals by providing home care for patients who might otherwise have to be admitted to hospital”.

As indicated in previous reports, the Home Nursing Service does a great deal to relieve both inpatient and outpatient departments. Examples of conditions now commonly treated at home with the aid of the home nurses are pneumonia, acute bronchitis, heart disease, pulmonary tuberculosis, hemiplegia, anaemia, chronic disease of the nervous system and carcinoma. Catheterisation and bladder irrigations are commonly carried out and the hospitals are further relieved by nurses carrying out at home preparation of patients who are to be X-rayed at the hospital as outpatients. The continuation of surgical dressings at home after operation in hospital permits earlier discharge of patients and this saves further hospital beds. Maternity cases are also treated at home for complications of the ante-natal and post-natal periods.

Among gynaecological patients treated were those requiring periodic changing of pessaries. In the case of children, there is a tendency nowadays to treat them at home instead of at hospital wherever possible, and the Home Nursing Service helped greatly towards making this possible.

One of the greatest contributions is to the geriatric hospitals. Aged patients can be discharged to their homes in the knowledge that a full range of nursing facilities will be available for them there, and this has permitted a much greater turnover of beds. Liaison with Northgate Hospital is very close and in order to enlist the interest of all concerned in this work a joint committee was set up. This included representatives

from the hospital, the Welfare, Housing and Health Departments, the National Assistance Board and the voluntary organisations. The purpose of the committee was to discuss general principles and also particular cases with a view to keeping patients rehabilitated in their own homes.

The giving of injections accounted for about half of the visits paid by the nurses. Preparations injected included insulin, mercurial diuretics, antibiotics, antihistamines, iron preparations, sedatives and hormones. As some of these have to be given at stated times, they upset the continuity of the nurse's round. Plans are in hand to set up an injection clinic at a fixed hour in the morning to relieve the pressure on nurses and to assist ambulant patients to get to work in good time. Many holiday visitors are treated each year and this clinic should be a convenience to them also. When established, it should further relieve pressure on the outpatient department of the hospital where some of the visitors now go for injections.

STAFF.

The authority employed eight full-time and three part-time district nurses. The part-time help amounted to the equivalent of one and a half full-time nurses. Two nurses were sent on refresher courses and four attended a Study Day at Norwich in October by invitation of the County Medical Officer of Norfolk.

The allocation of work proceeded along the same lines as last year.

The new forms on which were written requests for the services of the district nurses have been continued and proved very satisfactory to all concerned. The combined message sheet and temperature chart introduced last year has continued in use, and is now the recognised means of communication between doctor and nurse.

STATISTICS.

The number of patients dealt with and the number of visits paid by the nurses has slightly decreased on last year :—

Year	No. of patients nursed	No. of visits
1949	761	19,251
1950	872	21,791
1951	1,008	21,890
1952	1,051	24,992
1953	1,061	23,804
1954	1,317	29,268
1955	1,444	21,303
1956	1,561	33,790
1957	1,409	33,670

The following is a summary of the work done in 1957 :—

No. of patients nursed	1,409
No. of new patients	1,186
No. of patients still on books at end of year	272
No. of visits to patients	33,670
No. of other visits	28
No. of patients aged 65 and over	799
No. of children under 5 years	29
No. of patients who had more than 24 visits	320

There was an increase from 745 in 1956 to 799 (67.4 per cent) in the number of persons over the age of 65 years at the time of the first visit. The number of visits to patients in this age group was 19,976, which was 45 more than last year and 59.3% of the total visits.

There were 180 visits to 29 children under the age of 5 years. No special arrangements were made for the nursing of sick children in the home. Each nurse undertook the work in her own district.

The following table shows the nature of the cases nursed during the year :—

	New cases	All cases
Medical	944	1,007
Surgical	214	268
Infectious diseases	—	—
Tuberculosis	11	11
Maternal complications	23	23
Others	1	1

VACCINATION AND IMMUNISATION

SMALLPOX.

Vaccination was available at both the Yarmouth and the Gorleston clinics on Friday afternoons for all-comers with or without an appointment.

The arrangements for paying fees to general medical practitioners for records of vaccination were maintained.

The total number of vaccinations carried out during the year rose from 460 in 1956 to 511 in 1957. The number of primary vaccinations was 63 more and the number of re-vaccinations was 12 less than in 1956.

There was an increase of 38 in the number of primary vaccinations of children under 1 year. The percentage of children in this age group who were vaccinated was 54.69 compared with 49.99 last year. The national figure was 43 per cent of live births during the year July 1956 to June 1957.

The following table shows the number and age groups of persons vaccinated and re-vaccinated during the year :—

	Age at date of vaccination					Total 1957	Total 1956
	Under 1	1	2-4	5-14	15 or over		
Primary vaccinations	407	15	27	23	25	497	434
Revaccinations	—	—	—	3	11	14	26
Total	407	15	27	26	36	511	460

The following table shows where the vaccinations were carried out :—

	General Practitioners	Health Department Clinics	Hospitals
Primary vaccinations	297	200	—
Revaccinations	8	6	—
Total	305	206	—

DIPHTHERIA.

Every effort was made by doctors, health visitors and school nurses to persuade parents to have their children immunised against diphtheria.

Arrangements at clinics and with general practitioners were the same as those for vaccination.

The following table gives particulars of the numbers of children immunised against diphtheria in relation to the estimated mid-year child population. It includes all children who, at the end of the year, had completed a course of immunisation at any time before that date :—

	Year of birth				Total
	1957	1953-1956	1948-1952	1943-1947	
Last injection 1953 - 1957	166	2146	2806	1282	6400
Last injection 1952 or earlier	—	—	1484	3051	4535
Estimated child population	720	2980	8500		12200
Immunity index	23.0%	72.0%	48.1%		52.4%

Circular 8/57, received from the Ministry of Health, drew attention to the fact that inoculation with certain of the prophylactics used against diphtheria or whooping cough involved some risk of provoking paralysis due to poliomyelitis. The advice which the Minister had received from the Central Health Services Council, based on a report by the Committee of the Medical Research Council on inoculation procedures and neurological lesions, was as follows :—

- “(i) Non alum precipitated antigens should be recommended for use by local health authorities and practitioners against diphtheria.
- (ii) There is a risk of provoking poliomyelitis in using antigens in combination. Some of these risks have been measured, others such as might occur in using combined whooping cough and tetanus antigens or combined diphtheria and tetanus antigens have not yet been measured. Antigens should, in general, preferably be used separately, though the advantages of this must be weighed against the psychological dangers of giving frequent injections to the child.
- (iii) If non alum precipitated antigens are used singly they may be used throughout the year, subject to the discretion of the medical officer of health.”

In the light of this advice the Minister considered that some changes should be made in the arrangements for the supply of materials to local health authorities for use in their schemes for immunisation under section 26 of the National Health Service Act. He proposed to discontinue supplies of alum-containing toxoids and the central supply would then consist of FT (formal toxoid) and TAF (toxoid antitoxin floccules). The advice in the circular continued as follows :—

“It is suggested that the primary course of immunisation should consist of two injections each of 1ml. of FT at a minimum interval of 28 days and a single injection of 1 ml. should be used for reinforcing doses. TAF, which contains antitoxin, is recommended in a 1 ml. dose for the reinforcing dose in the children over five years of age who have been primarily immunised with APT, PTAP, or combined diphtheria pertussis vaccine and who may in consequence be unduly sensitive to FT. There is no change in the advice that immunisation against diphtheria should take place at about 8 or 9 months of age so that protection can be completed before the first birthday, with a reinforcing dose in the fifth or sixth years. Where local health authority arrangements provide for further reinforcing doses, the dose of FT should be reduced, e.g., 0.5 ml. at age 10 and 0.25 ml. at age 15, in order to limit the effects of undue sensitivity.”

Local health authorities were also urged to offer vaccination against whooping cough, but no guidance was given on the use of tetanus antigens in combination with diphtheria or whooping cough antigens. Where local health authorities considered it expedient to use non-alum containing combined diphtheria and whooping cough antigens they were advised to pay special regard to the prevalence of poliomyelitis infection in the locality and to the period of highest risk provocation.

In view of this circular the practice of the Health Department was reviewed and a new procedure adopted in the department and circularised to general practitioners for their information. The recommended procedure was that a child having been vaccinated against smallpox

at about three months, would commence immunisation against diphtheria and whooping cough at about five months using the combined prophylactic. A reinforcing dose of diphtheria prophylactic FT or TAF would be given between $4\frac{1}{2}$ and 5 years before the child entered school. The policy of giving a further reinforcing dose at the age of 10 years appeared to be no longer necessary and would not be pressed. Reinforcing doses given over the age of 5 years would normally be given with TAF. The pure pertussis vaccine would be made available for cases in which separate immunisation against whooping cough was required. This procedure might be carried on throughout the year but reviewed should there be any signs of an outbreak of poliomyelitis in the town.

WHOOPING COUGH.

Whooping cough immunisation was available at clinics and by general practitioners either combined with other antigens or separately. The number of children immunised increased from 309 in 1956 to 586 in 1957.

POLIOMYELITIS.

As reported last year, the Minister of Health made proposals for the use of a vaccine which was believed to confer a degree of protection against paralytic poliomyelitis. Because of restricted supplies this vaccine was at first offered only to children in certain age groups selected according to a centrally determined plan, but as more vaccine became available the number of eligible age groups was increased. It was hoped that regular supplies of the vaccine would be available from the middle of January 1957 onwards and arrangements were made to vaccinate, with two injections, all registered children in the borough. However, some vaccine was rejected because of failure to pass the stringent standards required and there was a general delay which held up the vaccination programme at first.

In November 1957 the Minister made further proposals for the extension of vaccination arrangements and because vaccine produced in Britain was not available in sufficient quantities it was decided, on the advice of the Medical Research Council, to import, as a temporary measure, Salk vaccine produced in Canada and the United States of America. This imported vaccine was subjected in this country to the same stringent tests of safety, potency and purity as British vaccine. The extended programme was for the vaccination of all children over the age of six months and under fifteen years and of expectant mothers. In addition, when increased supplies became available vaccination was to be offered to general medical practitioners and local health authority ambulance staff and their families. Arrangements previously in operation for the vaccination of staff at hospitals where poliomyelitis cases were treated were extended to their families.

Parents were at liberty to decline an offer of vaccination with Salk vaccine but they were informed that insistence on British vaccine would mean a delay.

Vaccinations were carried out either by Health Department staff at clinics or by general practitioners, according to the wishes of the parents. Local practitioners did not however take a large part and the greater majority of vaccinations were done at the clinics.

The following table gives a summary of the work done :—

Total number vaccinated during the year (children)	1802
Awaiting second dose at 31.12.57	171
Awaiting vaccination at 31.12.57, including new registrations :	
Children	2036
Expectant mothers	20
General practitioners and families	29
Ambulance staff and families	17
	<hr/>
	2102

TUBERCULOSIS.

As reported last year, B.C.G. vaccination was offered to school-children between their thirteenth and fourteenth birthdays. The year under review was the first year when a full programme of B.C.G. vaccination had been carried out, and the following table gives a summary of the work done :—

Contact scheme

No. skin tested	124
No. found negative	70
No. vaccinated	86
(including 20 new-born babies who were not tested)	

Schoolchildren scheme

No. skin tested	847
No. found negative	652
No. vaccinated	639

AMBULANCE SERVICE

The Ambulance Service was maintained on the same lines as previously.

The staff consisted of the Ambulance Officer, 13 driver-attendants and one attendant, working on a continuous shift system.

The vehicle fleet was made up of two large ambulances, two medium ambulances and two dual-purpose vehicles, one of the latter vehicles replacing a sitting-case car during the year. Servicing was carried out by the Borough Engineer's Department.

The table below shows that the calls on the service were about the same as in the preceding four years.

Year	Patients carried	No. of journeys	Mileage
1953	10,582	7,407	83,816
1954	11,350	7,591	83,566
1955	11,932	7,336	90,445
1956	11,448	6,978	88,721
1957	11,515	6,499	80,523

It will be seen that, although the number of patients carried increased slightly as compared with 1956, both the number of journeys and the mileage decreased by approximately 7% and 9% respectively.

The following table gives some statistical detail for the year :

Patients carried—

			Ambulances	D.P. Vehicles	Total
Accident or emergency	...		648	181	829
Others	...	...	4,681	6,005	10,686
			<hr/>	<hr/>	<hr/>
Total Patients	...	...	5,329	6,186	11,515
			<hr/>	<hr/>	<hr/>

Journeys by vehicles—

Patient carrying journeys	...	3,081	3,095	6,176
Abortive and service journeys	...	28	33	61
Journeys for transport of analgesia apparatus, midwives, etc.	...	20	242	262
		<hr/>	<hr/>	<hr/>
Total journeys	...	3,129	3370	6,499
		<hr/>	<hr/>	<hr/>

Mileage—	<hr/>	35,632	44,891	80,523
		<hr/>	<hr/>	<hr/>

Origin of calls—

	Number	Percentage
Doctors	3396	29.6
Hospitals	6941	60.2
Midwives	265	2.3
Police	291	2.6
Mental Health Workers	38	0.3
Ministry of Pensions	46	0.4
General Public	538	4.6
	<hr/>	<hr/>
	11515	100.0
	<hr/>	<hr/>

Wherever possible long distance journeys were carried out by rail, and during the year 57 patients were satisfactorily conveyed in this manner.

Following the Guillebaud Committee of Enquiry into the cost of the National Health Service, the National Health Service (Amendment) Act, 1957 was passed which empowered local health authorities to make their ambulances available for certain cases on repayment. Previously local health authorities had been precluded from using their ambulances except within the limited terms of section 27 of the National Health Service Act, 1946, and they were unable to accept payment. The new Act relaxes the limitations and may prove valuable to persons requiring an ambulance but hitherto precluded from having transport by section 27. A possible use is by holiday visitors who fall ill and wish to return to their home town for treatment rather than have it here.

The Council approved a schedule of charges for the service based on the estimated cost of each specific journey.

Ministry of Health approval has now been received for the construction of a new Ambulance Station on a site at the Northgate Hospital. Work has already commenced and it is hoped that the building will be available for use by the end of 1958.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

HEALTH EDUCATION.

In order to encourage the staff in their health education activities the Health Committee arranged in conjunction with the Central Council for Health Education a two-day course on "Visual Aids and their Construction, Public Speaking and Group Leadership" early in the year. The course was designed for public health nurses and public health inspectors and members of Health Department staffs in surrounding areas were invited to attend. The course was of great benefit to those members of the staff who give talks and demonstrations to various clubs and groups such as parent-teacher associations, youth clubs and church organisations.

The staff were also encouraged to use every opportunity for less formal health education in their personal contacts with members of the general public in clinics and in the home.

A large number of posters and pamphlets on a wide variety of subjects was used in the work of the department. Displays in the clinic were arranged on one topic at a time and were changed regularly. Other departments of the corporation co-operated willingly by exhibiting posters on vehicles and public offices.

Smoking and lung cancer was the subject of Ministry of Health circular 7/57. With it was enclosed a copy of a statement made by the Minister of Health in Parliament in the light of a special report of the Medical Research Council. In investigating this problem the Council came to the following conclusions :

1. A very great increase has occurred during the past 25 years in the death rate from lung cancer in Great Britain and other countries.
2. A relatively small number of the total cases can be attributed to specific industrial hazards.
3. A proportion of cases, the exact extent of which cannot yet be defined, may be due to atmospheric pollution.
4. Evidence from many investigations in different countries indicates that a major part of the increase is associated with tobacco smoking, particularly in the form of cigarettes. In the opinion of the Council, the most reasonable interpretation of this evidence is that the relationship is one of direct cause and effect.
5. The identification of several carcinogenic substances in tobacco smoke provides a rational basis for such a causal relationship.

Local health authorities were asked to bring effectively to the public notice the opinion expressed in the Medical Research Council's report so that everyone would know the risks involved in smoking.

Among the many suggestions made up and down the country on methods of reducing smoking in the community were the prohibition of smoking in cinemas, 'buses, trains, etc. Locally it was felt that such policies were not only unjustifiable but also unlikely to be useful. The approach was by the methods of health education along two lines; first, to spread knowledge of the facts as widely as possible among adults and then allow them to come to their own decision, and second, to conduct a "don't-start-smoking" campaign among children. Members of the staff were informed of the general policy and of their opportunities, and the help of teachers and youth leaders was also sought. Posters were exhibited in the public library and in public offices. In the introduction to this report there are further observations on the subject.

Among the other activities in health education were the parent-craft classes and the discussion groups held at ante-natal clinics. The attendance at these was very satisfactory.

TUBERCULOSIS.

The Chest Physician on the staff of the Regional Hospital Board continued to act as part-time officer of the local authority in their scheme for the prevention, care and after-care of tuberculosis.

The Tuberculosis Health Visitor remained in close contact with the Chest Clinic at Northgate Hospital in addition to visiting patients and their families in their homes. She reports that the type of problem in which her advice is needed has changed in the past few years. There

is now no severe poverty, very little slum housing, and the standard of hygiene has risen with the increase in the education of the people. The problems now are largely those of adjustment to altered circumstances brought about by long illness and absence from work, and a great deal of anxiety is caused by the effort to keep up hire purchase payments. The National Assistance Board goes a long way to help in these difficulties but an illness like tuberculosis reveals that a great many people are spending more than they can afford in buying luxuries by this method.

Many matrimonial problems arise during the separation of wife and husband for a long period, but on the whole these have been successfully dealt with. The question of the care of the children while their mother is in hospital is always a difficult one, but with the co-operation of the Children's Officer this has usually been settled quite happily, the children being either boarded out or accommodated in the children's home at Ferryside if no relative is willing to take charge of them.

The contacts of all persons diagnosed as suffering from tuberculosis were followed up. The statistics show that about 10 contacts were examined for every new case of tuberculosis diagnosed. This figure includes contacts outside the family and also people who were in contact with patients notified in other areas, but it is still a very satisfactory figure and indicates an energetic attempt to do all that is possible to conquer this disease. Very little difficulty is experienced in arranging for the attendance at the Chest Clinic of contacts. There is a growing awareness of the need for this, although many are not easily convinced that there is no danger from the X-ray examination. All family contacts, and any relatives or close friends, are invited to attend for X-ray and all but the elderly are skin tested by the Heaf multiple puncture method. All non-reactors are offered B.C.G. vaccination and it is very rare for this to be refused. Members of the staffs of all the hospitals in the Borough and all those working among children were urged to attend for an annual X-ray. All new entrants to the nursing profession were X-rayed and skin tested and 10 non-reactors were given B.C.G. vaccination.

During the year 353 expectant mothers were referred to the Chest Clinic for X-ray of the chest. All except one of these were found to be within normal limits. The exception was a young woman expecting her first baby. She was notified as tuberculous, admitted to hospital for treatment and remained there until after the birth of her child.

At the request of the Ministry of Labour and National Service, 19 young men attended the Chest Clinic before beginning their national service. All were found to have satisfactory chest X-rays.

The Norwich Group Disablement Resettlement Officer made periodic visits to the Chest Clinic in order to interview those patients seeking employment, and to arrange for rehabilitation or training courses in suitable cases.

Three men were admitted to rehabilitation courses at Egham and one to a course of training in jewellery and watchmaking at Letchworth.

With the coming of the Welfare State there has been less need for grants of food and clothing from the after-care funds. The National Assistance Board pays an extra allowance to patients suffering from tuberculosis and have powers to provide bedding and any necessary extra furniture. Only one patient needed to borrow a bed and bedding, and four were allowed supplies of free milk.

At the request of the Medical Officer of Health, two families were rehoused in the endeavour to prevent the spread of infection.

There was no visit from the Mass Radiography Unit this year.

The following table shows some of the work done during 1957 :

Total number of examinations of contacts	...	1053
Number of contacts first examined during the year		179
Number of persons vaccinated with B.C.G. vaccine		86
Referred for help to the National Assistance Board		25
Referred for employment to the Disablement Resettle- ment Officer	... ..	28
Home visits by Tuberculosis Health Visitor	...	932
Sessions at Chest Clinic attended by Tuberculosis Health Visitor	... ..	245

MENTAL HEALTH.

This is included in the section of the report headed "Mental Health Service" on page 48.

OTHER ILLNESS.

The care and after-care of persons suffering from other forms of illness was provided mainly through the health visiting, home nursing and domestic help services.

The care of the aged is an increasingly important part of this work. Many bodies are concerned with it and in an attempt to co-ordinate their activities and eliminate overlapping and a multiplicity of visits, a co-ordinating committee was set up consisting of representatives from the Geriatric Department in Northgate Hospital, the Health, Welfare and Housing Departments of the Council, the National Assistance Board and various voluntary bodies. In the short time that it has existed the committee has shown that the combined effort of all services can make a great contribution towards rehabilitating elderly people and establishing them in their own homes.

The general medical practitioners, with whom there was a close and friendly co-operation, provided information about the needs of their patients, and particular attention was paid to their requests. At the

end of the year 182 persons were on the Health Visitors' special visiting list because of some form of handicap. Close co-operation was maintained also with the Welfare Department in relation to handicapped persons. All handicapped school-leavers were reported to them as a routine, and also to the Youth Employment Service in order to obtain assistance for them during the period of adolescence. As mentioned in the report for 1955, the Council have adopted schemes under the National Assistance Act, 1948, for the welfare of the deaf and dumb and of other handicapped persons.

There was little call to provide care and after-care for patients attending the Venereal Diseases Clinic but all facilities were available. Notices giving the days and times of Clinics where confidential treatment could be obtained were displayed in public conveniences.

LOAN OF NURSING EQUIPMENT.

The three depots run by the St. John Ambulance Brigade and the British Red Cross Society for the provision of loans of nursing equipment continue to function very satisfactorily. They meet most of the needs, but any equipment not available was provided by the Department. The Council's sincere thanks are due to the Societies for their keen interest and voluntary support.

PREVENTION OF BREAK-UP OF FAMILIES.

The position with regard to problem families and the arrangements for the prevention of break-up of families remains much as described in the report for last year. The key medico-social worker is the Health Visitor and because she is already well known and is usually readily accepted by families in difficulties, she is often the first person a mother approaches for advice outside her own family. By selective and frequent visiting of families needing special care she is usually the first to detect any signs of excessive strain which might lead to the break-up of the family. With her knowledge of local resources, both statutory and voluntary, she has the opportunity of safeguarding the wellbeing of each member of the family so that the family as a whole does not suffer. If all her efforts are unsuccessful she can refer the problem to the Officers' Committee especially set up to deal with the more difficult cases. Relations between the Health Department and other departments concerned continued to be close and contacts were usually informal.

No special Health Visitors or domestic helps were employed and there was no family service unit in the town. Bedding, clothing and furniture were provided by voluntary organisations, notably the W.V.S.

The Health Visitors reports indicated that in general the problem families were maintaining a reasonable standard of life in view of the circumstances. At least there were no acute problems which were beyond their capacities, and it was not found necessary to call a meeting of the Problem Families Sub-Committee of the Council.

DOMESTIC HELP SERVICE

The service expanded rapidly during 1957 as is indicated in the table at the end of this section. The number of cases where domestic help was provided rose from 183 in 1956 to 202 in 1957. Where the help ceased and recommenced during the period under review the case was counted only once.

Co-operation with the Geriatric Department in Northgate Hospital continued to increase, so that more elderly people were able to return to their homes. This made increasing demands upon the service.

Of the total number of persons provided with domestic help, 24 (6 less than in 1956) were maternity cases, and 141 (69.3 per cent) were chronic sick, aged or infirm. The average number of new cases was 11 a month, and 111 cases were being helped on an average at any one time. The highest demand was in the autumn and winter months when the service was expanded more especially to the chronic sick, aged and infirm, and during the Asian influenza epidemic.

The standard charge for the service remained at 3/2d. an hour (as in 1956), but this was remitted wholly or in part for applicants who were unable to pay this amount. The Council continued to waive the charge where the amount to be recovered was less than a shilling a month.

The following table gives particulars of the work of the service over the past five years : —

	1953	1954	1955	1956	1957
Maternity	9	5	30	30	24
Tuberculosis	—	—	1	2	1
Chronic sick, aged, infirm	38	52	104	107	141
Others	5	27	35	44	36
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total	52	84	170	183	202
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Visits made	1963	3264	6577	8101	10795
Hours worked	4375	7616	14089	15773	20794

STAFF.

The table shows that the number of visits made and hours worked continued to increase during 1957. Further part-time help had to be engaged to cope with the additional work. At the end of the year there were 22 part-time workers on the staff, compared with 19 at the end of 1956. The domestic helps are to be congratulated on their high standard of work, carried out in very difficult circumstances, and on the amount of personal service that they give to the patients.

MENTAL HEALTH SERVICE

This part of the report deals with the exercise of the Council's powers and duties under the Lunacy and Mental Treatment Acts, 1890 - 1930, and the Mental Deficiency Acts, 1913 - 1938, as amended by the National Health Service Acts, 1946 - 1952.

STAFF.

The Medical Officer of Health remained responsible for the general direction and administration of the service and he was authorised by the Council to give medical certificates accompanying petitions for Orders under the Mental Deficiency Acts. The Deputy Medical Officer of Health and the Medical Superintendent of Little Plumstead Hospital were similarly authorised.

The Mental Health Worker continued to supervise the domiciliary care of the mentally defective and to act as Supervisor of the Occupation Centre.

The other staff at the Occupation Centre consisted of three Assistant Supervisors, a part-time General Duties Assistant who escorted pupils to and from the Centre and carried out general domestic work, and a helper who served the mid-day meal and supervised the washing-up. One Assistant was attending the National Association for Mental Health training course in London during the year.

The two part-time Duly Authorised Officers on the staff (who also acted as Welfare Officers under the National Assistance Act) continued to take initial proceedings in providing care and treatment for cases of mental illness, and they operated a 24 hour service to cater for emergencies that occurred outside normal office hours.

VOLUNTARY ASSOCIATIONS.

The authority continued to co-operate with national and local voluntary associations but no duties were delegated to them. As in previous years a grant was made to the National Association for Mental Health.

CARE AND AFTER-CARE.

Care and after-care of the mentally ill was undertaken by the Mental Health Worker and the Duly Authorised Officers, and close co-operation was maintained with the local mental hospitals and clinics. Twenty new cases were reported during the year and 101 visits were paid to patients or their relatives.

On the mental deficiency side, 461 visits were paid to persons under care or their relatives and advice or assistance given wherever possible.

THE MENTAL DEFICIENCY ACTS, 1913 - 1938.

There were 179 mental defectives on the local authority's register, an increase of 3, and the following table gives particulars concerning them :—

	Aged under 16		Aged 16 and over		Total
	Male	Female	Male	Female	
Under statutory supervision	15	14	27	22	78
Under voluntary supervision	—	—	12	10	22
Under guardianship	—	—	1	—	1
In hospital	5	5	44	24	78
Totals	20	19	84	56	179

There were 11 new cases reported during the year, 5 male and 6 female. Of these, 4 were found to be incapable of receiving education at school and 4 were notified as requiring supervision after leaving school. One was notified under section 8 of the Mental Deficiency Act by the Court and the other two were adult defectives, one of whom was admitted to Little Plumstead Hospital and the other placed under voluntary supervision.

There were 8 discharges during the year. Two were on licence from mental deficiency hospitals and discharged by authority of the Board of Control, 2 were under voluntary supervision, 2 moved from the area and 2 died in hospital.

One person was on licence from a Mental Deficiency Hospital at the end of 1957.

There was 1 temporary admission to hospital during the year. Eight patients were awaiting permanent places in hospital at the end of the year but none of these was considered to be urgent.

OCCUPATION CENTRE.

The Occupation Centre on Southtown Common is open daily from 9.30 a.m. to 3.30 p.m. during the school term.

At the end of the year there were 45 defectives (26 boys and 19 girls) on the roll, including 14 children from Norfolk County Council and 1 from East Suffolk County Council. The percentage of attendances was 86% of the possible.

Plans are nearing completion for the building of an additional classroom and an assembly hall.

The arrangements for transporting pupils to and from the Centre were altered. The converted ambulance which was previously used was worn out and, instead of providing another vehicle, the Council en-

gaged a private coach firm. It is generally agreed by the staff and pupils that the new arrangement makes the journey much more comfortable and interesting.

The mid-day meal continued to be provided through the School Meals Service and a third of a pint of milk per day was given to all children under the age of 16.

The training provided at the Centre was on the same lines as previously. The usual inspection by the Board of Control was not carried out this year.

The School Health Service continued to provide the same facilities for the Centre as for the schools.

The annual Christmas party and the summer outing were again enjoyed by the children and the staff.

LUNACY AND MENTAL TREATMENT ACTS, 1890 - 1930.

Admissions to mental hospitals during the year numbered 145, of which 8 were certified, 134 (92%) were voluntary and 3 were under section 20 - 3 day orders. All 3 cases admitted under section 20 subsequently signed forms for voluntary admission.

Discharges from hospital numbered 11 certified and 98 voluntary patients.

Four certified patients and 13 voluntary patients died in hospital.

The duly authorised officers were called to investigate a further 19 cases of alleged mental illness in which no action for admission to hospital was taken. In the case of two further patients the Justice of the Peace was unable to certify, and two patients were admitted, after investigation, to a geriatric hospital.

Other work undertaken was the escorting of patients on leave and absconding patients back to hospital, and the visiting of patients on leave in order to report to the hospital on their progress.

MISCELLANEOUS SERVICES

NATIONAL ASSISTANCE ACT, 1948

Section 47

This section of the National Assistance Act makes special provision for the compulsory removal to suitable premises by Court Order of persons who :—

- (a) are suffering from grave chronic disease or, being aged, infirm or physically handicapped, are living in insanitary conditions
- and (b) are unable to devote to themselves, and are not receiving from other persons, proper care and attention.

Before proceedings can be taken, the Act requires the Medical Officer of Health to certify in writing that he is satisfied, after thorough enquiry and consideration, that in the interests of the person concerned, or for preventing serious nuisance or injury to the health of others, it is necessary for the person to be removed.

Proceedings were taken in one case during the year, that of a woman aged about 84 years who was brought to the notice of the department by the Police. The Medical Officer of Health and the Chief Public Health Inspector visited her and found that she was living in a state of great disorder and filth and was heavily infested with fleas. She was very deaf and was so ill that she was unable to move from her chair, but she refused to go to hospital or to accept any help from relatives.

Later the same day the Medical Officer of Health visited again, with a magistrate and a general practitioner, and an order was made under the provisions of the National Assistance (Amendment) Act, 1951. This authorises the Medical Officer of Health to remove the person concerned without giving the seven days' notice required by the 1948 Act, but such an order is valid for only three weeks.

After the woman had been in hospital for one week the Medical Officer of Health visited her again and found that she had settled down well and was already looking much better. The degree of her malnutrition at the time of admission is revealed by the fact that her percentage of haemoglobin was at the remarkably low figure of 16%. She remained in hospital voluntarily and when her health had improved sufficiently for her to be discharged she was transferred to one of the old people's homes run by the Welfare Department.

Six other cases were investigated but all of these were settled satisfactorily with the help of general practitioners and relatives.

REGISTRATION OF NURSING HOMES

Section 187 (2), Public Health Act, 1936

There was one registered nursing home in the Borough and this provided accommodation for 30 medical patients, mainly the elderly and chronic sick.

The inspection and supervision of the home was carried out by the medical and nursing staff.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948

This Act places a duty upon local health authorities to keep registers of, and empowers them to supervise,

- (a) premises (i.e. day nurseries) in their area, other than premises wholly or mainly used as private dwellings, where children are received to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days;
- and (b) persons (i.e. child minders) in their area who for reward receive into their homes children under the age of five to be looked after for the day or a substantial part thereof or for any longer period not exceeding six days.

It is an offence under the Act for an occupier of premises to carry on a day nursery if the premises are not registered or for an unregistered child minder to receive into his home three or more children, of whom he is not a relative, from more than one household.

The child minder referred to in the last report has become established in her new premises. The number of children she was permitted to receive remained at ten. Regular monthly visits were paid by the Health Visiting Staff. At each visit a special note was made as to the special precautions taken to prevent spread of infection, and that the children were not left unattended. There was no outbreak of infectious disease except in the Asian Influenza epidemic in the Autumn when only one child attended. Adequate precautions were taken to guard windows and fires.

There were no other registrations in the Borough either of persons as daily minders or of premises as day nurseries.

WELFARE OF THE BLIND AND PARTIALLY SIGHTED

At the request of the Ministry of Health, information on this subject is again included in the report and thanks are due to the Chief Welfare Officer for details of the statistics for the year.

BLIND PERSONS.

There were 27 new cases registered during 1957 (1 more than in the previous year) and the total number on the register at the end of December was 192, an increase of 1 as compared with 1956.

The ages of the new cases at the date of registration and at the onset of their blindness were as follows :—

Age Group	At date of registration			At onset of blindness		
	Male	Female	Total	Male	Female	Total
16 - 20 years	—	—	—	—	—	—
21 - 30 years	—	—	—	—	—	—
31 - 39 years	—	—	—	—	—	—
40 - 49 years	1	—	1	2	—	2
50 - 59 years	—	—	—	—	1	1
60 - 64 years	—	1	1	—	1	1
65 - 69 years	2	1	3	2	1	3
70 and over	7	15	22	6	14	20
Total	10	17	27	10	17	27

The following table gives particulars of the age and sex distribution of all registered blind persons in the area :—

Registration of the Blind.							
	Age Groups						Total
	0-4	5-15	16-20	21-49	50-64	65+	
Male	—	—	1	15	16	48	80
Female	—	2	1	6	23	80	112
Total	—	2	2	21	39	128	192

The 2 children under the age of 16 years were attending school.

Physical or mental defect was present in 38 cases in addition to blindness and 3 others were mentally disordered.

Over 66 per cent of all registered blind persons were over the age of 65 years and 56.7 per cent were over 70 years.

The following table gives particulars of the age at the onset of blindness of all persons on the authority's registers :—

Age at Onset of Blindness.									
	Age Groups							Un-known	Total
	0	1-4	5-15	16-20	21-49	50-64	65+		
Male	6	1	7	2	21	17	24	2	80
Female	10	1	4	2	18	29	46	2	112
Total	16	2	11	4	39	46	70	4	192

Of the total number of registered blind persons over the age of 16 years, 7 were employed in workshops for the blind, 8 were otherwise employed and 1 was undergoing training.

The remaining 174 persons were not in employment at the end of the year, but of these only 2 were capable of and available for work. Registrations under the Disabled Persons (Employment) Act, 1944, numbered 14, 13 of which related to males.

Fifteen registered blind persons over the age of 16 years were in residential accommodation provided under Part III of the National Assistance Act, 1948; 4 were in mental hospitals and 9 in other hospitals.

PARTIALLY SIGHTED PERSONS.

The number of persons registered as partially sighted at the end of the year was 58; this was 1 less than at the end of 1956. Details of their age and sex groups are given in the following table :—

Registration of the Partially Sighted.							
	Age Groups						Total
	0-4	5-15	16-20	21-49	50-64	65+	
Male	—	1	—	8	2	8	19
Female	—	—	—	5	8	26	39
Total	—	1	—	13	10	34	58

Excluding re-certifications and transfers from other areas, there were 7 new registrations. Two persons were removed from the register upon their being ascertained as blind persons. There was 1 decertification due to improved visual acuity.

Among the 57 partially sighted persons over the age of 21 years, there were 42 who were considered near and prospectively blind. Of these, 40 were either not available for, or were incapable of, work, 1 was working and the other was unemployed.

There were 12 persons over the age of 21 years who were considered to be mainly industrially handicapped (8 of these were in employment) and 3 others were regarded as needing observation only.

There were 10 registrations under the Disabled Persons (Employment) Act, 1944. The child under the age of 16 years was attending school.

CAUSES OF DISABILITY.

Included in the above tables dealing with both the blind and the partially sighted were the following cases which were registered in 1957 :—

	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(i) Number of cases registered during the year in respect of which Section F.1 of Forms B.D.8 recommends :—				
(a) No treatment	2	1	—	9
(b) Treatment (medical, surgical or optical)	17	3	—	2
(ii) Number of cases at (i)(b) above which on follow up action have received treatment	10	3	—	2

The table shows that of the 22 persons recommended for treatment, 15 received it. Details of those who did not receive treatment are as follows :—

Refused operation	...	...	...	2
Not well enough to undergo operation			...	2
Died	...	...	...	1
Operation not now advised by ophthalmic surgeon	...	...	...	1
Still on waiting list	...	...	...	1

There were no cases of retrolental fibroplasia or of ophthalmia neonatorum.

The home teachers follow up all registered blind and partially sighted persons in order to ensure that treatment, where recommended, is obtained and that hospital appointments are kept.

SPASTICS AND EPILEPTICS

The arrangements for dealing with these groups of handicapped people remain unchanged. All handicapped pupils, including epileptics and spastics, who are about to leave school are brought to the notice of the Welfare Department as a matter of routine. Adults in these groups often experience some difficulty in obtaining and retaining regular employment, and here they are assisted by the Youth Employment Section of the Education Department and also by the Welfare Department.

SPASTICS.

The number of spastics known to the department is 16, and the following are some details concerning them :—

Spastics under the age of 16 :

Under school age	—
Attending ordinary schools	5
Attending residential special schools	2
Mental defectives under care	2
	—
Total	9
	—

Spastics over the age of 16 :

Mental defectives under care	4
Registered as disabled persons	3
	—
Total	7
	—

EPILEPTICS.

As requested by the Minister last year, the advice and help of health and welfare officers are made regularly available to epileptics. Again particular attention has been given to schoolchildren and their progress carefully observed.

The number of epileptics known to the department is 36 of which 25 are under the age of 16 and 11 over the age of 16.

Epileptics under the age of 16 :

Under school age	3
Attending ordinary schools	17
Attending residential special schools	1
Mental defectives under care	4
	—
	25
	—

Epileptics over the age of 16 :

Mental defectives under care	3
Registered as disabled persons	3
Not registered as disabled persons	5
	—
	11
	—

MEDICAL EXAMINATIONS OF STAFF

The medical staff of the department examined 75 new entrants to the Corporation's service. Of these, 56 were in connection with the Corporation's superannuation scheme and the remainder were of teachers entering local employment.

In addition, there were 22 examinations of student teachers about to enter training colleges and four examinations were carried out on behalf of other authorities. Three firemen were examined as to their fitness to attend a course of special training.

The 56 superannuation examinations were of new entrants to the following departments :—

Education	...	...	...	...	17
Engineer's		...	...	...	4
Entertainments		...	...	...	2
Fire	...	...	...	...	4
Health	...	...	...	...	3
Housing	...	...	...	...	3
Libraries	...	...	...	...	6
Parks	...	...	...	...	1
Town Clerk's		...	...	...	1
Town Planning		...	...	...	1
Transport	...	...	...	...	1
Treasurer's	...	...	...	...	5
Welfare	...	...	...	...	8
					—
					56
					—

In January the Sick Pay Sub-Committee of the Establishment Committee considered the medical examination of employees, particularly in relation to the sickness pay scheme for manual workers, but they also reviewed the question generally. Previously there had been no medical examination for admission to the sickness pay scheme and workers were admitted automatically after six months' service. Also there was no medical examination of staff engaged below the age of 18 who are not eligible for entry to the superannuation scheme.

Following on the review by the Sub-Committee, the following resolution was approved by the Council :—

“That as from the 1st April 1957, the following revised procedure be adopted :—

- (i) In the case of all appointments where the individual is directly admitted to the superannuation scheme, he be required to undergo a medical examination before engagement.

(ii) Those employees who are not appointed to a permanent post in the first instance be required to undergo a medical examination before the expiration of six months' service. In the event of the Medical Officer of Health not being able to give a clear certificate for the purpose of participation in the Sickness Pay Scheme, the case to be referred to this Sub-Committee for consideration.

(iii) Juniors below the age of 18 years to be medically examined before being appointed".

Twenty employees, from the following departments, were examined for admission to the sickness pay scheme :—

Engineer's	...	...	...	...	5
Parks and Cemeteries	...	...	...	...	5
Transport	...	...	...	...	10
					←
					20
					←

An additional 17 examinations or investigations were carried out during the year at the request of the Establishment Committee in connection with the sickness pay scheme.

THE PUBLIC HEALTH INSPECTOR'S REPORT

F. R. PARMENTER, M.R.S.H., *Chief Public Health Inspector*

The new Rent Act which came into operation on the 6th July 1957 brought additional work to the Health Department.

It was not surprising that members of the public, both landlord and tenant alike, came to the department seeking information as the rent increase procedure proved to be extremely complicated.

Up to the end of the year, 48 applications were received for certificates of disrepair. In all cases the applications were found to be justified, but as the majority of tenants subsequently received undertakings from landlords to carry out the specified repairs, only 14 certificates were issued.

It is too early to assess the value of the new Act but undoubtedly a large amount of repair work to houses has been carried out. It may well be found necessary later on to review the Council's slum clearance programme as houses were in some instances included in the proposals submitted to the Ministry mainly on the grounds of disrepair.

The year was also marked by the introduction of the Clean Air Act. On December 31st 1956 (the first appointed day) certain provisions of the Act came into operation. They included the requirement that all new furnaces are to be, as far as practicable, smokeless. Notice of intention to instal such furnaces is required to be given to the Local Authority, and the height of new chimneys (other than those of domestic buildings) has also to be approved. Only three notices of intention to instal furnaces were received by the end of the year.

I am pleased to report that it was again found possible to carry out a complete inspection of all animals slaughtered in the Borough. This is particularly gratifying as the position in the country as a whole is far from satisfactory. It is to be hoped that a uniform system of complete inspection for the whole country will not be too long delayed.

The quality of the meat was again found to be of a very high standard and the incidence of disease remained low.

I would like to take this opportunity of thanking the staff for the willing co-operation shown throughout the year.

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY.

The water supply was provided by the Great Yarmouth Waterworks Company. The source of the water was the River Bure with the intake at Horning, and there was an alternative source from Ormesby Broad which was brought into use when the salinity of the river water became too high.

Pre-chlorination is used to control mussel growths in the pipes leading the water to the purification works at Ormesby. The purification process comprises $3\frac{1}{2}$ days storage, primary rapid filtration and secondary slow sand filtration, followed by chloramination.

The supply was sufficient in quantity throughout the year and no restrictions on its use were imposed. The average consumption was 52.4 gallons per head per day (domestic 31.3, industrial 21.1) but this figure is based on the resident population and does not take account of the large number of summer visitors.

Chemical and bacteriological examinations of the water from supply pipes were carried out at frequent intervals; the results were consistently satisfactory.

There was no evidence that the waters were liable to have plumbo-solvent action.

All the dwelling-houses in the Borough are supplied by the Company's mains.

CLOSET ACCOMMODATION.

All dwelling-houses in the Borough have W.C.'s connected to a water carriage system.

PUBLIC CLEANSING.

The collection of refuse is carried out under the direction of the Borough Engineer; the disposal is by means of controlled tipping. House refuse is collected weekly as a routine, but more frequent collection is available on request and on payment of a small fee. The Health Department co-operates in the replacement of defective dustbins and in the investigation of any nuisance or complaint.

GENERAL SANITATION.

TABLE A.

Nature of Visit or Inspection			No. of Visits
Water Supply	...	...	67
Drainage	...	...	1096
Stables and Piggeries	...	...	5
Offensive Trades	...	...	63
Caravans, Tents, Vans, etc.	...	...	39
Factories	...	...	71
Outworkers	...	...	3
Public Conveniences	...	...	36
Theatres and Places of Entertainment	...	...	12
Refuse Collection	...	...	79
Refuse Disposal	...	...	109
Rats and Mice	...	...	106
Smoke Observations	...	...	34
Schools	...	...	61
Shops	...	...	542

Swimming Pools	...	...	10
Miscellaneous Sanitary Visits	...	...	231
Inquiries in cases of Infectious Diseases			219
Visits re Disinfection	...	...	5

FACTORIES ACTS, 1937 AND 1948.

The following tables show the work carried out under the above Acts. The factories visited were on the whole found to be in a satisfactory condition. The defects noted were only of a minor character.

TABLE B.

Premises	No. on Register	Inspections	Written Notices	Prosecutions
(i) Factories in which Sections 1, 2, 3, 4, and 6 are enforced by Local Authorities	77	22	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by Local Authorities	269	41	12	—
(iii) Other premises in which Section 7 is enforced by Local Authorities (excluding outworkers premises)	20	14	1	—
Total	366	77	19	—

TABLE C.

Particulars	No. of Defects		Referred by H.M. Inspector	Referred to H.M. Inspector	Prosecutions
	Found	Remedied			
Want of cleanliness	1	1	—	—	—
Overcrowding	—	—	—	—	—
Unreasonable temperature	—	—	—	—	—
Inadequate ventilation	—	—	—	—	—
Ineffective drainage of floors	1	2	—	—	—
Sanitary Conveniences—					
(a) Insufficient	2	3	—	—	—
(b) Unsuitable or defective	21	19	—	—	—
(c) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork)	4	—	—	—	—
Total	29	25	—	—	—

OFFENSIVE TRADES.

No. on the register	...	...	9
Tallow melter	...	...	1
Tripe dresser	...	...	2
Marine stores	...	...	6
No. of inspections	...	...	63

All the premises on the register were found to be conducted satisfactorily.

SWIMMING POOLS.

The Corporation owns two large open-air swimming pools, the waters of which are continuously filtered, chlorinated and tested.

As an additional safeguard, 7 check tests of the amount of free chlorine were carried out by the department during the summer months, all of which proved satisfactory.

Two samples of water from the pools were sent for bacteriological examination. The results were satisfactory and showed no coliform organisms in 100 ml.

RAG FLOCK AND OTHER FILLING MATERIALS ACT, 1951.

There are no manufacturers or premises used for the storage of rag flock in the Borough.

Six premises are registered under Section 2 of the Act.

SANITARY CONDITION OF CINEMAS AND THEATRES.

Twelve visits were made to places of public entertainment in the Borough during the year. An annual inspection was carried out for the purpose of satisfying the Licensing Authority that the washing facilities and sanitary accommodation were adequate and satisfactorily maintained. Additional washing facilities were provided at one cinema where it was considered to be inadequate.

CLEAN AIR ACT, 1956.

Included in the new powers under the above Act is one requiring the notification of the installation of new furnaces. Three such notifications were received up to the end of the year.

HOUSING.

Steady progress was maintained in the clearance of unfit houses included in the Council's five year programme.

A survey of a proposed Clearance Area in Blackfriars Road adjoining the Town Wall was carried out during the year. It was found to contain a rather high proportion of fit properties and business premises intermingled with the unfit houses. After careful consideration, the Council decided to deal with the unfit houses individually rather than to make a series of small Clearance Areas. As a result, 25 houses were dealt with and are included in the figures shown below.

During the year 155 houses were represented as unfit under Section 11 of the Housing Act and in the same period 132 were made the subject of demolition orders, 17 were closed under the Local Government Miscellaneous Provisions Act 1953, 10 undertakings were accepted and 2 closing orders were made in respect of parts of buildings. 137 houses were demolished and 111 families, comprising 352 persons, were rehoused.

740 houses were inspected for housing defects under the Public Health and Housing Acts and for that purpose 1568 visits were made; subsequent action resulted in 254 houses being rendered fit.

1. *Inspection of Dwelling-houses.*

(i) (a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts).	...	...	...	...	740
(b) Number of inspections made for the purpose					1,568
(ii) Number of dwelling-houses which were inspected and recorded under the Housing (Consolidated) Regulations 1925 - 32	...	...	...	...	Nil
(iii) Overcrowding :—					
Number of houses inspected	...	...	...	...	21
Number of re-visits	...	...	...	...	16
(iv) Verminous houses :—					
Number of houses inspected	...	...	...	...	30
Number of re-visits	...	...	...	...	28

2. *Informal Action.*

Number of unfit or defective houses rendered fit as a result of informal action under the Public Health or Housing Acts	201
---	-----	-----	-----	-----	-----

3. *Action under Statutory Powers.*

(A) Proceedings under Sections 9, 10 and 16 of the Housing Act, 1936.

(i) Number of houses in respect of which notices were served requiring repairs	Nil
--	-----	-----	-----	-----	-----

(ii) Number of houses which were rendered fit after service of formal notices :—				
(a)	By owners	...	...	Nil
(b)	By Local Authority in default of owners			Nil
(B) Proceedings under Public Health Acts.				
(i)	Number of houses in respect of which notices were served requiring defects to be remedied	...		79
(ii)	Number of houses in which defects were remedied after service of formal notices :—	...		
(a)	By owners	...	...	45
(b)	By Local Authority in default of owners			8
(C) Proceedings under Sections 11 and 13 of the Housing Act, 1936.				
(i)	Number of houses in respect of which demolition orders were made	...	...	132
(ii)	Number of houses in respect of which undertakings were accepted.	...	...	10
(iii)	Number of houses demolished in pursuance of demolition orders.	...	...	137
(D) Proceedings under Section 12 of the Housing Act, 1936.				
(i)	Number of separate tenements or underground rooms in respect of which Closing Orders were made			2
(ii)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been made fit.	...	...	Nil
(E) Proceedings under Section 10(1) of the Local Government (Miscellaneous Provisions) Act, 1953.				
	Number of houses in respect of which Closing Orders were made.	...	...	17

HOUSING REPAIRS AND RENTS ACT 1954. PART II.

Number of houses in respect of which certificates of disrepair were issued.	...	...	Nil
Number of houses in respect of which certificates of disrepair were refused	...	...	Nil
Number of houses in respect of which certificates of disrepair were revoked.	...	...	1

RENT ACT, 1957.

The above Act came into operation on the 6th July. Due to the complicated procedure, a considerable amount of time was devoted to giving information to tenants and owners on the various provisions.

Details of the documents issued up to the 31st December are shown below :—

Applications for Certificates of Disrepair.

Number of applications for certificates	...	...	48
Number of decisions not to issue certificates		...	Nil
Number of decisions to issue certificates :			
(a) in respect of some but not all defects	...	...	33
(b) in respect of all defects	...	...	12
Number of undertakings given by landlords under paragraph 5 of the First Schedule	...	...	24
Number of undertakings refused under proviso to paragraph 5 of the First Schedule	...	...	Nil
Number of certificates issued	...	...	14

Applications for Cancellation of Certificates.

Applications by landlords for cancellation of certificates			2
Objections by tenants to cancellation of certificates	...		Nil
Decisions to cancel in spite of tenants' objection	...		Nil
Certificates cancelled by Local Authority	...		Nil

INSPECTION AND SUPERVISION OF FOOD

A. MILK.

The following is a summary of Registrations and Licences issued under regulations concerning milk :—

Milk and Dairies Regulations, 1949 - 1954.

Number of dairies on register at end of year	...	17
Number of distributors on register at end of year	...	26

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 - 1953.

Pasteurised Milk—Dealers' (Pasteurisers) Licences	...	5
Dealers' Licences	...	38
Dealers' (Supplementary) Licences		2

Milk (Special Designation) (Raw Milk) Regulations, 1949 - 1954.

Tuberculin Tested Milk—Dealers' Licences	...	17
Dealers' Supplementary Licences		2

122 samples of Designated Milks were taken during the year, the details are as follows :—

	Number taken	Methylene Passed	Blue Test Failed	Phosphatase Test Passed	Phosphatase Test Failed	Invalidated Result
Tuberculin Tested	12	9	2	—	—	1
Pasteurised	74	70	2	72	—	2
T.T. Pasteurised	36	35	1	36	—	—

Regular routine inspections were carried out at the five Pasteurising plants and a satisfactory standard was achieved which was evidenced by no failures of samples on the phosphatase test.

Three failures on the methylene blue or keeping quality test occurred during the summer months and this gives an indication that occasional lapses are occurring on the production side.

Checks on the efficiency of bottle washing equipment were carried out throughout the year and at frequent intervals samples of washed milk bottles were submitted to the Public Health Laboratory for examination.

Where the results were found to be unsatisfactory, advice was given to the dairymen concerned and follow-up samples were taken.

All applications for milk dealers licences have been dealt with by inspection before issue or re-issue as the case may be. Improvements have been carried out by the applicants where found necessary.

Public Health (Condensed and Dried Milk) Regulations, 1923 to 1943.

Two samples of condensed milk were examined during the year; the results proved to be satisfactory.

B. MEAT INSPECTION.

The two slaughter-houses, owned by the Master Butchers' Supply Company (Great Yarmouth) Limited, continued to operate during the year.

Hours of slaughtering have been reasonably regular, but occasionally inspections have been carried out in the evenings, and on Bank Holidays.

Post-mortem inspections of animals killed at these slaughterhouses has throughout the year been 100%.

In August, the Ministry of Agriculture, Fisheries and Food circulated a draft copy of the proposed regulations recommending minimum standard of construction, layout and equipment for slaughterhouses for the purpose of securing humane slaughter and hygienic conditions. It was also recommended that these standards should be brought to the notice of those concerned.

Meetings with representatives of the Master Butchers' Supply Company (Great Yarmouth) Limited were arranged and the standards were fully discussed. The representatives of the Company expressed their intention to bring the slaughterhouses up to the required standard and towards the end of the year a start had been made.

The proposed new legislation will help considerably in raising the standard of slaughterhouses.

The quality of meat passing through the slaughterhouses was again of a good standard.

Carcases and Offal inspected and condemned in whole or in part :—

	Cattle (exclud- ing cows)	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed	2184	—	3	639	8703	—
Number inspected	All	All	All	All	All	—
<i>All diseases except tuberculosis and cysticerci :—</i>						
Whole carcases condemned	2	—	1	—	16	—
Carcases of which some part or organ was condemned	604	—	—	1	808	—
Percentage of the number inspected affected with disease other than tuber- culosis	27.7	—	33.3	0.2	9.5	—
<i>Tuberculosis only :—</i>						
Whole carcases condemned	2	—	—	—	7	—
Carcase of which some part or organ was condemned	126	—	—	—	418	—
Percentage of the number inspected affected with tuberculosis	5.8	—	—	—	4.9	—
<i>Cysticercosis :—</i>						
Carcases of which some part or organ was condemned	16	—	—	—	—	—
Carcases submitted to treat- ment by refrigeration	11	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Details of Carcasses, Parts of Carcasses and Organs.

			Tuberculosis	Other Causes
Cattle carcasses (excluding cows)			2	2
Cow carcasses	...	...	—	—
Pig carcasses	...	...	7	16
Calf carcasses	...	...	—	1
Sheep carcasses	...	...	—	—
Bovine heads	...	...	51	51
„ tongues	...	...	51	51
„ livers	...	...	27	511
„ lungs	...	...	88	144
„ udders	...	...	—	—
„ spleens	...	...	2	1
„ kidneys	...	...	—	—
„ skirts	...	...	4	16
„ hearts	...	...	31	28
„ mesenteric fats	...	...	30	2
„ tripes	...	...	—	8
„ tails	...	...	—	—
Pigs' heads	...	...	302	2
„ plucks	...	...	9	137
„ livers	...	...	1	665
„ mesenteric fats	...	...	216	4
Calves' heads	...	...	—	—
„ plucks	...	...	—	—
Sheep plucks	...	...	—	—
„ livers	...	...	—	1
„ heads	...	...	—	—
Beef	...	...	—	1082 lbs.
Pork	...	...	—	13 lbs.

METHOD OF DISPOSAL OF CONDEMNED MEAT.

In accordance with an arrangement made when control ended in July 1954, the local slaughtering Company again agreed to dispose of all condemned meat and offal to a local firm of tallow melters where it was rendered down to tallow and fertiliser.

Other foods were deposited at a store owned by this authority and removed from there by the Public Cleansing Department vehicles twice weekly and taken to the controlled refuse tip.

C. ICE CREAM.

The number of ice cream premises registered under Section 16 of the Food and Drugs Act, 1955, is as follows :—

Manufacturers	...	...	...	8
Retailers	...	...	...	279

118 visits were made to ice cream manufacturing premises and retail shops during the year.

BACTERIOLOGICAL EXAMINATIONS.

45 samples were submitted to the methylene blue test and were classified as follows ;—

Grade 1	Grade 2	Grade 3	Grade 4
22	18	2	3
49%	40%	4%	7%

Grades 1 and 2 are considered by the Public Health Laboratory to be satisfactory. The results show that 40 samples or 89% of the total number taken were satisfactory.

All samples reported as unsatisfactory were followed up and where necessary advice was given to the traders concerned in order to achieve a higher standard.

CHEMICAL ANALYSIS.

8 samples of ice cream were submitted to the Public Analyst for chemical analysis; all were reported to be genuine. The fat content varied between 5.4% and 10.2%. These results indicate that both local and national manufacturers are including a much higher percentage of fat than the legal minimum standard of 5%.

D. FOOD AND DRUGS ACT, 1955.

The following table shows the number of samples obtained and submitted for examination, with results of analysis :—

	Submitted to Analyst	Satisfactory	Not Satisfactory
Bottled ale	2	2	—
Butter	13	13	—
Cake	1	1	—
Canned fish	4	4	—
Canned fruit	5	3	2
Canned meat	7	7	—
Canned milk	2	2	—
Canned vegetables	2	2	—
Cheese	1	1	—
Cheese paste	1	—	1
Cooking fat	1	1	—
Cream cheese	1	—	1
Dripping	1	1	—
Fish cakes	2	2	—
Fish fingers	1	1	—
Flour	16	14	2
Fruit juice	1	1	—
Fruit squashes	3	3	—
Gravy salt	1	1	—
Honey	1	1	—
Ice-cream	8	8	—
Lard	4	4	—
Margarine	6	6	—
Meat paste	4	4	—
Milk	89	89	—
Mustard	1	1	—
Non-brewed condiment	1	1	—
Orange drink	4	4	—
Pork fingers	1	1	—
Sausages, beef	8	8	—
Sausages, pork	24	20	4
Solid pack apples	1	—	1
Sweets	7	7	—
Yoghourt	1	1	—
Total	225	214	11

FOOD AND DRUG SAMPLES REPORTED BELOW STANDARD.

Article	Adulteration	Action taken
Flour (Informal)	Excessive chalk content.	Manufacturer informed; subsequent sample proved to be satisfactory.
Pork Sausages (Informal)	Meat content 58.5%.	Manufacturer informed; subsequent sample proved to be satisfactory.
Canned Red Plums (Informal)	Insufficient sugar in syrup.	No further stocks available. The deficiency was brought to the attention of the canners.
Pasteurised Cheesy Paste (Informal)	Deficient in fat.	The deficiency was drawn to the attention of the manufacturer concerned.
Pork Sausages (Informal)	Meat content 57.5%.	The deficiency was drawn to the attention of the manufacturer concerned.
Pork Sausages (Informal)	Meat content 56.4%.	The deficiency was drawn to the attention of the manufacturer concerned.
Solid Pack Bramley Apples (Informal)	Excessive salt content.	The excess of salt was drawn to the attention of the canners concerned.
Pork Sausages (Informal)	Meat content 60.0%.	The deficiency was drawn to the attention of the manufacturer.
Cream Cheese (Informal)	Deficient in milk-fat.	Purchased from Market Stall – unable to obtain follow-up sample.
Flour (Informal)	Deficient in aneurine and chalk.	The deficiency was drawn to the attention of the manufacturer concerned.
Canned Fruit Salad (Informal)	Incorrect name and list of ingredients.	The canners concerned were informed of the irregularity and have agreed to amend the label.

E. OTHER FOODS.

During the year the following foodstuffs were found to be unfit for human consumption :—

<i>Canned Foods</i>		Eels	8 bowls
Fish	300 tins	Fat	18½ lbs.
Fruit	2,484 tins	Fish fillets	28 lbs. and 60 cartons
Ham	296 tins	Flour	5 bags
Jam	299 tins	Fowls	111
Meat	823 tins	Frozen egg	2 tins
Milk	562 tins	Kippers	25 stone
Soup	113 tins	Fruit Pies	12
Vegetables	1,077 tins	Lentils	28 lbs.
<i>Other Foods</i>		Margarine	61 lbs.
Bacon	119 lbs.	Meats	409 pkts.
Bloaters	28 lbs.	Meat pies	10
Butter	20 pkts.	Peaches	300
Cabbages	76 lbs.	Pickles	52 jars
Cake	12 pkts.	Pies	3
Cheese	89 lbs.	Potatoes	117 cwt.
Chickens	939	Prunes	57 pkts.
Chocolate	76 pkts.	Rabbits	6
Cockles	3 gallons	Sausages	98½ lbs.
Coffee	4 bottles	Sponge pudding	45
Currants	2 lbs.	Sweets	144 lbs. and 346 pkts.
Dried fruit	89 pkts.	Tapioca	15 pkts.
		Turkeys	2

F. FOOD HYGIENE REGULATIONS.

The survey of food premises under the above Regulations which was commenced in 1956 was continued during the year. The response of traders to requests for alterations and improvements to bring the premises up to the new standards was very good and it was not found necessary to take any legal action to secure compliance with the Regulations.

All plans concerning food premises were examined before submission to the Town Planning Committee and where necessary amendments were requested. Visits were made to all new premises to ensure that the requirements regarding structure and equipment were carried out.

The number and type of food premises in the areas are as follows :—

Bacon Curer	...	...	...	1
Bakers and Confectioners	...	...	...	56
Brewers	...	...	...	1
Butchers	...	...	...	59
Chemists	...	...	...	20

Dairies and premises selling milk	...	43
Fishcurers	... ..	26
Fishmongers	... ..	46
Fried Fishmongers	... ..	34
Flour Mills	... ..	2
Granaries	... ..	2
Grocery and Provisions	... ..	179
Greengrocers	... ..	61
Ice Cream Manufacturers and Dealers		287
Malthouses	... ..	4
Mineral Water Manufacturers	... ..	3
Potato Crisp Manufacturers	... ..	2
Potato Dealers	... ..	5
Public Houses	... ..	148
Restaurants and Cafes	... ..	137
Shellfish and Shrimps	... ..	11
Slaughterhouses	... ..	2
Sweets	... ..	76
Tripe Dressers	... ..	2
Wines and Spirits	... ..	15
Yeast Dealers	... ..	2

Registered premises under Section 16 of the Food and Drugs Act, 1955 :—

Manufacture or sale of ice cream	...	287
Preparation or manufacture of sausages and preserved foods	... ..	108

A total of 3,496 visits were made to food premises during the year.

G. CLEAN FOOD.

The importance of personal cleanliness in the preparation and handling of food cannot be over emphasized and every opportunity was taken to draw this vital requirement to the attention of persons engaged in the food industry.

Posters and leaflets, especially those illustrating personal hygiene, were distributed to food factories, catering establishments and other places where it was thought they would be likely to attract the attention of the persons most concerned.

Lectures and informal talks given by members of the staff to employees of food factories, food trade associations, clubs and other organizations were again a feature of the efforts made to achieve a higher standard of cleanliness in the handling of food.

The number of cases of food poisoning reported during the year was again very low.

FERTILISERS AND FEEDING STUFFS ACT, 1926.

During the year the following samples were submitted for analysis :

	Informal	Formal
Fertilisers ...	5	—
Feeding Stuffs ...	10	1

Two informal samples failed to comply with the provisions of the Act. The details are as follows :—

Bone Meal.

By comparison with the statutory statement it contained nitrogen in excess to the extent of 0.7% and phosphoric acid in excess to 2%.

These excesses were not considered to be to the prejudice of the purchaser but the attention of the manufacturer was drawn to the discrepancies.

Sow and Weaners Meal.

By comparison with the statutory statement the oil was in excess to the extent of 0.9% and the protein deficient to the extent of 2.0%.

A follow-up formal sample was taken and was reported as satisfactory.

DISEASES OF ANIMALS ACTS

The following information has been obtained from the Chief Constable's Annual Report :—

FOOT AND MOUTH DISEASE.

During the year the Borough was subjected to the restrictions imposed by the Foot and Mouth Disease (Infected Areas Restriction) Order 1938, which resulted in the issue of 150 licences authorising the movement of 1,539 pigs, 430 head of cattle and 144 sheep.

FOWL PEST.

Three cases of suspected Fowl Pest were reported during the year, none of which was confirmed. 107 declarations were issued in connection with the Live Poultry (Restriction) Order 1957.

SWINE FEVER.

Twelve cases of suspected Swine Fever were reported to the Ministry of Agriculture and Fisheries, none of which was confirmed.

Two hundred and ninety movement licences under the Regulations were issued.

DISEASES OF ANIMALS (WASTE FOODS) ORDER, 1957.

Duties connected with the enforcement of the above Order which became operative during the year, resulted in licences being issued in respect of 73 premises used for the boiling of waste foods.

PET ANIMALS ACT, 1951.

There are now 10 premises licensed under the above Act, and during the year visits of inspection have been carried out on 53 occasions.

RODENT CONTROL

Rodent control was carried out by the Rodent Officer and five rodent operatives. A general survey and treatment prevented any build-up in the rodent population.

There were no major rat or mice infestations or evidence of ship rats seen during the year.

DWELLINGS.

The Rodent Officer made 701 visits to dwellings and as a result the following work was carried out :—

Sheds raised or rat proofed	10
Fowl houses removed or rebuilt	6
Cementing holes in concrete floors	11
Fixing sub-floor ventilating grids	15
Repairing or making good minor defects to drains	6
Fixing rainwater grids and wire cages	3
Cementing holes in external walls	8
Garden and domestic refuse heaps removed	17
Dustbins and other receptacles provided	10
Sealing dried-up lavatory pans	10
Fixing wire netting collars to bird trays	4
Fixing wire netting collars to rainwater downspouts	8

AGRICULTURAL PROPERTY.

Collective treatment of farms and farm lands during the seasonal migrating periods prevented the spread of rats to built-up areas.

The Rodent Officer inspected a number of corn stacks during threshing operations, and the enforcement of the Dismantling of Ricks Act prevented the escape of rats to adjacent properties.

LOCAL AUTHORITY PROPERTIES.

The Caister Road refuse tip has been closed and as a consequence infestation was less frequent and minor in character. Attention has now been directed to the new tip situated south of Breydon wall and periodic treatments were carried out.

Playing fields, parks, open spaces, schools, allotments, etc., were kept under observation and treated when found necessary.

SEWERS.

The re-organization of the system for the treatment of sewers which was commenced in 1956 has been completed and, as a result, the number of areas was reduced from 18 to 12 and the number of manholes treated was 817 less than in 1955.

New methods recommended by the Ministry of Agriculture, Fisheries and Food for the treatment of rats in sewers were tried out and it is hoped to make further mention of their success or otherwise in next year's report.

The table opposite shows work done and results obtained.

BUSINESS PROPERTIES.

Regular visits to business properties (particularly those possessing or selling foodstuffs) were made and treatment given where necessary.

MAINTENANCE TREATMENT OF SEWERS.

FIRST TREATMENT — APRIL 1957.

Section	No. of Manholes	No. not baited	No. baited	No. of pre-bait takes for two days			N.T.	No. of trays fixed
				C	P	Total takes		
1	120	50	70	4	26	30	110	8
2	101	31	70	18	43	61	79	5
3	103	24	79	7	48	55	103	13
4	117	28	89	51	22	73	105	15
5	130	44	86	6	39	45	127	1
6	127	49	78	12	46	58	98	23
7	135	60	75	8	24	32	118	4
8	141	69	72	23	22	45	99	2
9	110	40	70	28	30	58	82	—
10	135	57	78	7	54	61	95	23
11	119	43	76	11	23	34	118	9
12	105	35	70	49	6	55	85	—
Total	1443	530	913	224	383	607	1219	103

SECOND TREATMENT — OCTOBER 1957.

Section	No. of Manholes	No. not baited	No. baited	No. of pre-bait takes for two days			N.T.	No. of trays fixed
				C	P	Total takes		
1	120	50	70	4	11	15	125	7
2	101	31	70	11	23	34	106	8
3	103	24	79	8	50	58	100	12
4	117	28	89	83	31	114	64	16
5	130	44	86	6	39	45	127	5
6	127	49	78	12	51	63	93	23
7	135	60	75	4	3	7	143	5
8	141	69	72	12	24	36	108	3
9	110	40	70	30	42	72	68	1
10	135	57	78	15	31	46	110	22
11	119	43	76	13	28	41	111	10
12	105	35	70	8	16	24	116	1
Total	1443	530	913	206	349	555	1271	113

MEASURES OF CONTROL BY LOCAL AUTHORITY

	Type of Property				
	Non-Agricultural				Agri-cultural
	Local Authority	Dwelling Houses (including Council Houses)	All Other (including Business Premises)	Total	
Total No. of properties	167	16843	3451	20461	13
No. of properties inspected as a result of :					
(a) Notification	31	613	158	802	—
(b) Survey under the Act	51	2503	567	3121	13
(c) Otherwise	35	587	305	927	2
Total inspections carried out—including re-inspections	172	6109	2173	8454	46
No. of properties found to be infested by rats or mice—					
Rats, Major	—	—	—	—	—
Rats, Minor	41	487	138	666	3
Mice, Major	—	—	—	—	—
Mice, Minor	9	285	87	381	3
No. of infested properties treated	50	761	197	1008	6
Total treatments carried out—including re-treatments	81	865	279	1225	47
No. of notices served under Section 4 of the Act :					
(a) Treatment	—	—	—	—	—
(b) Structural Work (i.e. Proofing)	—	—	—	—	—
No. of cases in which default action was taken	—	—	—	—	—
Legal proceedings	—	—	—	—	—
No. of “block” control schemes carried out	29	15	3	47	3

The Report of the Port Medical Officer

PORT OF GREAT YARMOUTH

INTRODUCTION.

This report is again compiled in accordance with the revised form and sequence suggested by the Ministry of Health in circular 3/52. In accordance with the Ministry suggestion information under sections I, V, VI, XIV, XV and XVI has not been repeated as there was no change from 1955.

The increased staff of Public Health Inspectors permitted more work to be carried out. No serious health problems occurred during the year.

Inspection and sampling of imported food was carried out as a routine and details are provided at the end of the report.

The export of live cattle decreased during the early part of the year and then ceased entirely.

Section I — STAFF

No change.

Section II — AMOUNT OF SHIPPING ENTERING THE DISTRICT DURING THE YEAR

TABLE B.

Ships from	Number	Tonnage	Number inspected		Number of ships reported as having, or having had during the voyage, infectious disease on board
			By the M.O.H.	By the Inspector	
Foreign Ports	328	67,439	2	101	—
Coastwise	953	193,455	—	36	—
Total	1,281	260,894	2	137	—

Section III — CHARACTER OF SHIPPING AND TRADE DURING THE YEAR

PASSENGER TRAFFIC.

There was no passenger traffic during the year.

CARGO TRAFFIC.

The principal imports and exports for 1957 are shown below together with the figures for the previous two years.

Principal imports :

Import		1957	1956	1955
Grain (Quarters)	...	136,077	116,021	131,711
Groceries (Tons)	...	3,544	4,822	3,857
Meal etc. (Tons)	...	10,218	8,141	8,261
Manures (Tons)	...	19,404	18,614	15,248
Salt (Tons)	...	5,784	8,514	8,575
Strawboards (Tons)	...	8,105	5,258	5,101
Wood (Standards)	...	14,454	14,406	23,431
Woodpulp (Tons)	...	3,026	—	791
Metals (Tons)	...	3,309	7,542	4,772
Coal (Tons)	...	185,522	184,805	171,762
Cattle cakes (Tons)	...	1,465	2,770	1,406
Paper (Tons)	...	—	1,004	2,241
Petrol and oil (Tons)	...	97,199	79,388	10,255
Stone (Tons)	...	9,990	13,191	8,213
Potatoes (Tons)	...	187	—	—
Sugar Beet (Tons)	...	1,387	—	—
Oystershell (Tons)	...	1,185	—	844
Miscellaneous goods (Tons)		2,160	7,078	3,805

Fish landings :

In addition to the imports shown above, 72,458 crans of herrings were landed at the Fish Market during the fishing season. The following figures provide a comparison between the quantity and value of herrings landed at Great Yarmouth during 1957 and previous years.

Year	No. of Landings	Quantity (Crans)	Value
1957	2,628	72,458	£390,701
1956	2,127	60,213	£281,268
1955	2,792	62,511	£286,188

Principal exports :

Export		1957	1956	1955
Grain (Quarters)	...	16,462	173,640	85,807
Herrings (Tons)	...	1,618	1,889	2,001
Live Cattle (Head)	...	3,145	2,967	—
Molasses (Tons)	...	8,548	5,027	6,399
Sugar (Tons)	...	12,839	11,552	11,214
Scrap metal (Tons)	...	26,042	22,107	20,460
Coke breeze (Tons)	...	4,842	—	—
Machinery (Tons)	...	403	—	1,961
Miscellaneous goods (Tons)		1,928	4,459	1,392

PRINCIPAL PORTS FROM WHICH SHIPS ARRIVE.

Belgium—Antwerp.

Denmark—Copenhagen, Fredricksund.

Finland—Abo, Kemi, Kotka.

Germany—Bremen, Cuxhaven, Hamburg, Wismar, Rostock.

Holland—Amsterdam, Rotterdam.

Norway—Christiansund, Kristinestad.

Sweden—Gothenburg, Kalmar, Stockholm.

Section IV — INLAND BARGE TRAFFIC

There was no inland barge traffic during the year.

Section V — WATER SUPPLY

No change.

Section VI — PUBLIC HEALTH (SHIPS) REGULATIONS, 1952

No change.

Section VII — SMALLPOX

(1) Under arrangements made by the Regional Hospital Board, smallpox cases would be admitted to Ipswich Smallpox Hospital.

(2) It has been agreed that Ipswich Ambulance Service would undertake responsibility for all arrangements for transport of smallpox cases to hospital. Applications for transport would be sent to the Resident Medical Officer, St. Helen's Hospital, Ipswich. The Ipswich authority is responsible for the vaccinal state of the ambulance crews.

(3) Smallpox consultants available :—

Dr. W. A. Oliver, Norfolk and Norwich Hospital, Norwich.

Dr. A. G. Smith, 24 Unthank Road, Norwich.

(4) Specimens for laboratory examination would be sent to the Virus Reference Laboratory, Central Public Health Laboratory, Colindale Avenue, The Hyde, London, N.W.9.

Section VIII — VENEREAL DISEASE

Great Yarmouth V.D., Clinic is situated in Churchill Road, and sessions at which merchant seamen can attend are held as follows :—

Mondays 9.30 a.m. — 12 a.m.

Wednesdays 2.30 p.m. — 6 p.m.

In-patient treatment when required would be carried out under the arrangements of the Regional Hospital Board.

Masters of vessels are asked to report any cases of venereal disease among the crew, and advice is given as to when and where treatment may be obtained. Information slips regarding the clinic are issued to masters and ships' agents.

Section IX — CASES OF NOTIFIABLE AND OTHER INFECTIOUS DISEASES IN SHIPS

TABLE D. — Nil.

Section X — OBSERVATIONS ON THE OCCURRENCE OF MALARIA IN SHIPS

No cases of malaria occurred in ships entering the port.

Section XI — MEASURES TAKEN AGAINST SHIPS INFECTED WITH OR SUSPECTED FOR PLAGUE

No ships infected with or suspected for plague arrived at the port.

Section XII — MEASURES AGAINST RODENTS IN SHIPS FROM FOREIGN PORTS

(1) Ships arriving from foreign ports are examined by the Inspector in the first instance, and if any evidence is found the Rodent Officer is called in to make a more extensive search.

(2) When required, bacteriological and pathological examinations of rodents are carried out on behalf of the authority by the Public Health Laboratory, Norwich. No rodents were sent for examination during the year.

(3) Great Yarmouth is not an “approved port” for “deratting” but when any action is required trapping and poisoning is carried out by the staff of the local authority.

(4) Efforts are made to secure the efficient rat-proofing of ships, and particular attention is paid to foodstores, storerooms, etc.

TABLE E.

Rodents destroyed during the year :—

Category	Number			Total
	In ships from foreign ports	In coastwise ships and fishing vessels	In docks, quays, wharfs and warehouses	
Black rats	—	—	—	—
Brown rats	—	2	98	100
Species not known	—	—	—	—
Sent for examination	—	—	—	—
Infected with plague	—	—	—	—

TABLE F.

Deratting Certificates and Deratting Exemption Certificates issued during the year for ships from foreign ports :—

Great Yarmouth is not an approved port.

PREVENTION OF DAMAGE BY PESTS (APPLICATION TO SHIPPING) ORDER, 1951.

Three certificates were issued in accordance with Article 3(2)(b) of the Order.

Section XIII — INSPECTION OF SHIPS FOR NUISANCES

TABLE G.

Inspections and Notices :—

Nature and number of inspections		Notices served		Result of serving notices
		Statutory notices	*Other notices	
British ships	51	—	18	14 complied with
Foreign ships	86	—	5	2 complied with
British fishing vessels	—	—	—	—
Total	137	—	23	16 complied with

* Including oral notices

Section XIV — PUBLIC HEALTH (SHELL-FISH) REGULATIONS, 1934 AND 1948.

No change.

Section XV — MEDICAL INSPECTION OF ALIENS

No change.

Section XVI — MISCELLANEOUS

No change.

FOOD INSPECTION

PUBLIC HEALTH (IMPORTED FOOD) REGULATIONS, 1937-1948

A small but regular quantity of food is imported, mainly from Rotterdam, Holland.

The range of these imports is in canned luncheon meats, canned ham, margarine, lard, cheese, onions, carrots and potatoes.

During the year these imports have been regularly inspected and periodically sampled. The samples taken were all submitted to Dr. E. C. Wood, the Public Analyst.

Number of inspections of consignments of imported food : 94.

Samples of imported food sent to public analyst :

	No. submitted	Result
Canned luncheon meat	4	Genuine
Canned pork kidneys	1	Genuine
Margarine	1	Genuine
Lard	2	Genuine
Canned frankfurter sausages	1	Genuine
Canned chicken	1	Genuine
Edam cheese	1	Genuine

The Report of The Principal School Medical Officer

TO THE CHAIRMAN AND MEMBERS OF THE
EDUCATION AUTHORITY OF GREAT YARMOUTH

Town Hall,
Great Yarmouth.

April 1958.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the honour to present the report on the work of the School Health Service for 1957.

The work of the department was increased by the B.C.G. and poliomyelitis vaccination schemes which involved considerable organisation by the office staff and also practical work by the medical officers and school nurses. The routine work of the department was however maintained as in previous years.

HEALTH EDUCATION

The new development here was the publication of the Medical Research Council's report on smoking and lung cancer which stated that the most reasonable interpretation of the evidence was one of direct cause and effect.

The Ministry of Education drew attention to the report as part of the health education programme which should be carried out in schools.

It was felt locally that the most useful approach would be a "don't-start-smoking" campaign directed towards schoolchildren and, after the Education Committee had considered the subject, arrangements were in hand at the end of the year to discuss the subject with head teachers and to invite their co-operation.

B.C.G. VACCINATION

Following the publication of the Medical Research Council's report in 1956 on this subject, the Council adopted a full scheme for vaccination of schoolchildren between their thirteenth and fourteenth birthdays. The scheme was operated for the first time during 1957 and all parents of children in the age group were invited to submit their children to the preliminary test and, if required, the vaccination. The response was fairly good in that 55% of parents responded. Fuller details are contained in the report.

POLIOMYELITIS VACCINATION

The Ministry of Health's poliomyelitis vaccination scheme included a large number of children of school age and during the year 1,521 children of compulsory school age had their vaccinations completed.

DENTAL SERVICE

In a previous annual report I stated that the main cause of disquiet about the physical health of the schoolchildren was the state of their teeth; this statement still holds. During the year a report was submitted to the Education Committee recommending the employment of another dentist, and it was pointed out that it would be necessary first to provide extra dental surgery accommodation. Although it was realised that the prospects of recruiting another dentist were not good, it was decided that the effort must be made and the recommendations were adopted.

ACKNOWLEDGEMENTS

The Committee learned with deep regret of the death in October of their Chairman, Councillor T. H. Styles. His membership of both the Education and Health Committees was an indication of his interest in the wellbeing and welfare of the young people in the town. He was held in high regard both for himself and for his work, and his loss was most deeply felt by all associated with the Committee.

I should like to pay tribute to the staff of the department for the extra effort they have made during the year to cope with the additional work. I should also like to thank you for your continued help and encouragement which has made the work of the department pleasant and satisfying.

I have the honour to be,

Your obedient servant,

K. J. GRANT.

Principal School Medical Officer.

EDUCATION COMMITTEE

1957 - 1958

COUNCIL MEMBERS

Chairman :

Councillor T. H. STYLES (until October 1957)

Councillor J. BIRCHENALL (from November 1957)

Vice-Chairman :

The Mayor, Alderman Mrs. K. M. ADLINGTON

Members :

Alderman H. J. SHORTEN

Alderman L. B. WESTGATE

Councillor E. W. APPELEGATE

Councillor E. BARKER

Councillor Mrs. C. BATLEY

Councillor L. F. BUNNEWELL

Councillor H. F. COLE

Councillor H. G. HOLMES

Councillor H. R. MUSKETT

Councillor W. R. STOWERS

Councillor F. E. TUCKER

Councillor J. P. WINTER

NON-COUNCIL MEMBERS

Mrs. E. A. GODFREY

H. W. KNIGHTS, Esq.

Mrs. P. H. PALMER

The Reverend R. H. SABIN

The Reverend A. G. G. THURLOW

E. UNWIN, Esq.

The Reverend S. WEBB

STAFF OF SCHOOL HEALTH SERVICE

Principal School Medical Officer :

K. J. GRANT, O.B.E., M.A., M.B., Ch.B., D.P.H.

School Medical Officers :

G. M. REYNOLDS, M.B., B.Ch., B.Sc., D.P.H.

M. R. McCLINTOCK, M.R.C.S., L.R.C.P., M.R.C.O.G.

Ophthalmologist (part time) :

D. K. SOUPER, M.A., M.B., B.Ch., D.O.M.S.

Principal School Dental Officer :

W. NICHOLLS, L.D.S., R.C.S.

School Dental Officer :

K. L. HARRIES, L.D.S., R.F.P.S.

Speech Therapist (part-time) :

D. BARBER, L.C.S.T.

Superintendent Nursing Officer :

Miss G. C. MOORE, S.R.N., S.C.M., Q.N.cert., H.V.cert.

School Nurses :

R. WHILEY, S.R.N. (full-time)

D. IRELAND, S.R.N. (full-time)

E. BURNELL, S.R.N., S.C.M., H.V.cert. (part-time)

M. WHITMORE, S.R.N., S.C.M., H.V.cert. (part-time)

E. CHARMAN, S.R.N., S.C.M., H.V.cert. (part-time)

Chief Clerk :

J. SAUNDERS, A.C.C.S. (to 30.9.57)

A. G. SHOOBRIDGE (from 1.10.57)

Senior Clerk :

L. C. BANHAM

Clinic Clerks :

E. COOPER

M. ROWLAND

Dental Attendants :

B. BOYES

B. J. ROLL

POPULATION AND SCHOOL ATTENDANCE

The Registrar General's estimate of the mid-year population of the Borough remained the same as last year at 51,500. The number of pupils on the authority's register in January 1957 was 9206, which was 124 more than the figure for 1956. This was a net increase of 146 secondary pupils and 40 juniors and a decrease of 59 infants. The number of pupils on the register in January of each year since 1948 is as follows :—

1948	1949	1950	1951	1952	1953	1954	1955	1956	1957
6693	7135	7355	7545	7998	8435	8755	8924	9082	9206

The following observations on the trend in school population are extracted from the Education Committee's report to the Council :—

It now seems likely that 1957/8 will be the peak year, the total numbers on roll declining very slightly thereafter. The probability is that the number of infants will remain fairly steady in the next four years, that juniors will decrease by an average of about 200 per annum and that secondary pupils will increase by about 250 in each of the next two years and by about 100 in each of the succeeding two years. We may reach 1961 or 1962 before the total recedes to the 1956 level."

The arrangements described in last year's report for dealing with children absent from school on medical grounds, or alleged medical grounds, were continued and appeared to be satisfactory to the general practitioners and to the Education Department. General practitioners were most co-operative in providing essential information about their patients who were absent from school.

Average numbers on books and average attendance for the year ended 31st March 1957 :—

PRIMARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
<i>Infants :</i>				
Alderman Swindell	280	175	133	76
Greenacre	200	144	132	92
Northgate	160	66	62	94
St. George's	200	160	146	91
Cobholm*	190	125	114	91
Edward Worlledge	120	89	82	92
Church Road	280	171	154	90
Peterhouse	280	281	258	92
Stradbroke	200	161	142	88
Wroughton*	310	233	212	91
Herman	240	258	234	91
	2460	1863	1669	90

*including Nursery Class (30)

<i>Juniors :</i>				
Greenacre	320	332	318	96
Nelson	280	276	260	94
North Denes	360	393	374	95
Northgate	120	92	88	96
Cobholm	200	183	175	96
Edward Worlledge	160	194	186	95
Church Road	320	232	220	95
Stradbroke	400	366	347	95
Wroughton	480	443	419	95
Peterhouse	480	481	459	95
	3440	3298	3136	95

SECONDARY SCHOOLS

Greenacre	450	394	370	94
Hospital	480	379	350	92
Alderman Leach	540	475	451	95
Gorleston Girls'	480	484	449	93
Technical	680	600	575	96
Grammar	360	397	380	96
High	360	404	383	95
	3350	3133	2958	94

VOLUNTARY SCHOOLS

	Total Accommodation	Average on Registers	Average Attendance	Per cent
St. Nicholas Boys'				
Senior	110	131	126	96
Junior	160	183	177	97
St. Nicholas Girls'				
Senior	114	107	104	97
Junior	156	149	146	98
St. Nicholas Infants	120	108	98	91
St. Mary's R.C.				
Senior	60	86	79	92
Junior	120	103	96	93
Infants'	72	47	42	89
	912	914	868	95

SCHOOL MEDICAL INSPECTION

The arrangements for medical inspection of schoolchildren continued to work satisfactorily and it was not found necessary to introduce any major change.

Pupils were examined in the three categories previously defined and children of between 6 and 7 years of age were given the additional vision tests as hitherto.

The school medical officers carried out "periodic" inspections of 2465 pupils out of the total school population of 9206 and also 1102 other inspections. Parents were notified in advance of the examinations and were asked to attend at appointed times to avoid unnecessary waiting.

"Reinspection" of children found previously to be suffering from defects was maintained and accounted for 522 examinations by medical officers. Where necessary the children were referred for specialist treatment.

"Special" inspections were carried out of children not due for periodic inspection but in whose case, parents, teachers, or others had requested such inspection.

Tests for colour vision using the Ishihara charts were carried out on boys of the third age group, but in the second half of the year boys inspected during the last year of attendance at a primary school were also tested in this way. This was done because head teachers of senior schools were experiencing some difficulty in advising boys who wished to take up careers where normal colour vision is essential.

The following tables give a statistical survey of the work and of the findings of inspection :—

MEDICAL INSPECTION OF PUPILS ATTENDING
MAINTAINED PRIMARY AND SECONDARY SCHOOLS

Periodic Medical Inspections

Number of inspections in the prescribed groups :—

Entrants	...	...	668
Junior Leavers	...	...	1100
Secondary leavers	...	...	697
Total	...	...	2465

Other Inspections

Special inspections	...	...	580
Re-inspections	...	...	522
Total	...	...	1102

Pupils found to require treatment

Number of individual pupils found at periodic medical inspection to require treatment (excluding dental diseases and infestation with vermin) :—

Group	For defective vision (excluding squint)	For any of the other conditions recorded	Total individual pupils
Entrants	1	83	81
Second age group	184	131	284
Third age group	198	76	252
Other periodic inspections	—	—	—
Total	383	290	617

Findings at School Medical Inspections

Defect or disease	Periodic Inspections		Special Inspections	
	No. of defects		No. of defects	
	Requiring treatment	Requiring observation	Requiring treatment	Requiring observation
Skin	60	2	2	2
Eyes :—				
Vision	383	95	69	3
Squint	42	4	5	—
Other	16	1	4	—
Ears :—				
Hearing	3	6	—	—
Otitis media	9	4	—	—
Other	9	1	—	—
Nose and Throat	20	28	3	1
Speech	18	35	9	4
Lymphatic glands	—	8	—	2
Heart	—	4	—	—
Lungs	14	41	1	5
Developmental :—				
Hernia	8	11	—	—
Other	3	36	3	2
Orthopædic				
Posture	6	8	—	—
Feet	7	1	4	—
Other	39	18	5	1
Nervous system :—				
Epilepsy	4	—	1	—
Other	4	8	1	3
Psychological :—				
Development	3	73	4	49
Stability	6	10	6	3
Abdomen	—	4	1	3
Other	15	8	24	7

Physical condition of pupils inspected

The new arrangement for classifying children into only two categories “satisfactory” and “unsatisfactory” instead of the former three categories is better in practice.

While it is recognised that the decision of the medical officers must be to a large extent arbitrary, yet it is encouraging to note in the following table that such a small proportion of the children inspected were considered to be in unsatisfactory physical condition.

Age groups	No. of pupils inspected	Satisfactory	% of Total	Unsatisfactory	% of Total
Entrants	668	650	97	18	3
Second age group	1100	1088	99	12	1
Third age group	697	691	99	6	1
Other periodic inspections	—	—	—	—	—
Total	2465	2429	98.5	36	1.5

	Parents attending examinations				
	1953	1954	1955	1956	1957
Entrants	95%	96%	96%	97%	95%
Intermediate	82%	87%	86%	85%	87%
Leavers	37%	26%	41%	36%	36%

HEIGHTS AND WEIGHTS

The following tables give details over the past six years of the average heights and weights of three groups of children who were between certain age limits at the time of weighing. The age limits chosen were :—

- (1) Age 5 years 6 months — 6 years.
- (2) Age 11 years — 11 years 6 months.
- (3) Age 14 years 3 months — 14 years 9 months.

An age limit of six months has been used in arriving at the averages given in the tables because too wide a scatter of figures would probably result from the inclusion of all children in an “inspection” age group or even from an age limit of twelve months.

The number of children falling within the first age group at the time of the periodic medical inspection was, this year, too small for the results to be regarded as significant. Indeed the value of the whole table is open to question. It is prepared at the suggestion of the Ministry of Education, but it would probably be of greater value if the Ministry were to recommend standardised age groups for adoption by all local education authorities carrying out this type of work. Useful comparison would then be possible between different parts of the country and in addition the large numbers available from the whole country would give statistical significance to any trends which the figures revealed.

First Age Group

		No. in group	Average age	Average height	Average weight
Girls	1952	134	5 7/12	43.8 ins.	43.7 lbs.
	1953	125	5 7/12	43.2 ins.	43.2 lbs.
	1954	99	5 7/12	44.0 ins.	44.2 lbs.
	1955	69	5 8/12	43.4 ins.	44.2 lbs.
	1956	68	5 8/12	44.6 ins.	43.7 lbs.
	1957	32	5 8/12	42.1 ins.	42.4 lbs.
Boys	1952	140	5 7/12	44.2 ins.	45.5 lbs.
	1953	127	5 7/12	44.3 ins.	43.6 lbs.
	1954	119	5 8/12	44.1 ins.	45.2 lbs.
	1955	98	5 8/12	43.8 ins.	46.0 lbs.
	1956	61	5 8/12	44.1 ins.	44.8 lbs.
	1957	45	5 8/12	44.3 ins.	46.4 lbs.

Second Age Group

		No. in group	Average age	Average height	Average weight
Girls	1952	189	11 2/12	55.8 ins.	77.1 lbs.
	1953	189	11 2/12	55.9 ins.	75.5 lbs.
	1954	187	11 2/12	54.4 ins.	76.4 lbs.
	1955	204	11 3/12	55.7 ins.	79.3 lbs.
	1956	213	11 3/12	56.1 ins.	81.2 lbs.
	1957	235	11 3/12	56.2 ins.	78.9 lbs.
Boys	1952	159	11 2/12	55.9 ins.	77.6 lbs.
	1953	194	11 2/12	56.0 ins.	76.5 lbs.
	1954	184	11 2/12	55.5 ins.	77.1 lbs.
	1955	208	11 3/12	56.0 ins.	78.3 lbs.
	1956	181	11 3/12	55.5 ins.	76.6 lbs.
	1957	233	11 3/12	55.8 ins.	78.5 lbs.

Third Age Group

		No. in group	Average age	Average height	Average weight
Girls	1952	118	14 6/12	61.7 ins.	111.5 lbs.
	1953	160	14 6/12	62.0 ins.	111.8 lbs.
	1954	114	14 6/12	62.1 ins.	112.6 lbs.
	1955	118	14 6/12	61.6 ins.	109.6 lbs.
	1956	123	14 6/12	62.0 ins.	112.6 lbs.
	1957	130	14 6/12	61.8 ins.	113.2 lbs.
Boys	1952	134	14 5/12	62.3 ins.	107.6 lbs.
	1953	127	14 7/12	63.5 ins.	112.0 lbs.
	1954	119	14 6/12	62.2 ins.	107.8 lbs.
	1955	132	14 6/12	62.4 ins.	112.7 lbs.
	1956	133	14 6/12	63.1 ins.	110.8 lbs.
	1957	145	14 5/12	62.7 ins.	112.5 lbs.

TREATMENT

CLINICS

Two school clinics are situated in the area :—

Great Yarmouth School Clinic,
Greyfriars Way.

Gorleston School Clinic,
Trafalgar Road East.

There was no change in the arrangements described in last year's report. The daily opening of the clinics enabled children to be seen without delay and to have daily treatment and supervision where required. The twice-weekly attendance of a medical officer was sufficient for the clinics' needs.

The clinics dealt mainly with the treatment of minor ailments and skin disorders but were also open for consultation on other diseases and defects and for the periodic re-examination of schoolchildren requiring follow-up advice and treatment.

The Ministry of Education tables in the following sections show the number of cases treated at the clinics and also, under the heading "otherwise", the numbers reported by the hospital authorities as having received treatment under arrangements made by them.

The total number of attendances at the authority's clinics for all purposes except errors of refraction was :—

	1957	1956
Great Yarmouth	2144	3375
Gorleston	2207	2421
	—	—
	4351	5996
	—	—

DISEASES OF THE SKIN (EXCLUDING UNCLEANLINESS)

In total 497 cases were treated by the authority, compared with 644 last year. The table below analyses the skin diseases treated. There were no cases of scalp ringworm. The 7 cases of body ringworm were treated at the clinics.

Facilities were available for the treatment of scabies at both clinics but no cases occurred during the year.

The number of cases of impetigo treated was 33, against 53 last year. The steady decline in the incidence of impetigo over the past few years is an indication of better standards of personal hygiene.

158 cases of warts, treated with carbon dioxide and other methods, were amongst the other skin diseases.

Number of defects treated or under treatment during the year by the Authority

	1957	1956
Ringworm—scalp	—	—
—body	7	2
Scabies	—	—
Impetigo	33	53
Other skin diseases	457	589
Total	497	644

EYE DISEASES, DEFECTIVE VISION AND SQUINT

The minor ailments clinics were responsible for treating conjunctivitis, blepharitis and other diseases of the eye within their scope. The number of such cases treated was 73. More serious conditions were referred to hospital.

Clinics for defective vision were provided by the education authority under the arrangements described in previous reports. Cases requiring operative or orthoptic treatment were referred to hospital.

The ophthalmologist notes that there were fewer cases of amblyopia in schoolchildren and thinks that this was probably due to greater vigilance at infant welfare clinics.

The following table summarises the work done :—

	Number of cases treated	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	73	15
Errors of refraction (including squint)	767	49
Total	840	64
Number of pupils for whom spectacles were prescribed	161	27

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

The number of children treated at the clinics for diseases of the ear, nose and throat was 63 as compared with 103 last year.

The number who received operative treatment at the hospital for tonsils and adenoids fell from 307 last year to 227 this year.

	Number of cases treated	
	By the Authority	Otherwise
Received operative treatment :—		
for diseases of the ear	—	9
for adenoids and chronic tonsillitis	—	227
for other nose and throat conditions	—	32
Received other forms of treatment	63	4
Total	63	272

At the request of the Ministry of Education a record was kept of all children seen at periodic medical inspections who had undergone tonsillectomy at any time previously. The following table gives particulars of the results of this survey and compares the statistics for Great Yarmouth for the year 1957 with those for England and Wales for the year 1956. The latter figure for 1957 is not yet available.

	Entrants		Intermediate		Leavers	
	No. examined	% who had tonsillectomy	No. examined	% who had tonsillectomy	No. examined	% who had tonsillectomy
Great Yarmouth	668	6.5	1100	27.1	697	28.6
England and Wales	522095	6.9	468889	20.2	359786	20.9

The figures for different parts of the country show a very great variation. Among school leavers in County Boroughs the lowest is Gloucester where only 5.8% of school leavers had had their tonsils removed. This can be compared with the highest, East Ham, where 41.7% of school leavers had had the operation.

ORTHOPAEDIC AND POSTURAL DEFECTS

There are no arrangements for specialist orthopaedic treatment made by the education authority. Children are referred to the outpatient department at the hospital. The hospital authorities also provide a long-stay orthopaedic hospital for children at Melton Lodge.

The number of pupils known to have been treated at the outpatient department was 257.

CHILD GUIDANCE

The child guidance clinic provided by the hospital authorities continued to operate satisfactorily, and I am obliged to Dr. J. V. Morris, the consultant psychiatrist, for the following details.

“During the year 1957 a total of 47 sessions have been worked; 32 new cases have been seen and 142 children have been recalled to the clinic, making a total attendance of 174 cases, as against 224 in the previous year.

The sessions have been regularly worked at the Northgate Hospital on Wednesday mornings and additional recall sessions have been arranged on Monday mornings to try and avoid building up a waiting list.

We have received full co-operation from Dr. Reynolds, School Medical Officer, and Miss Benson, Social Worker, throughout the year.

During the year the staff consisted of myself as Consultant Psychiatrist up to 6th November 1957, with Dr. G. L. Ashford from then, with Dr. Anne K. Gillie as Assistant Psychiatrist. Miss C. M. Mathieson left to take up another appointment on 3rd November 1957, when Miss J. M. R. Caseby, Psychologist, took her place.

The sources of reference were :—

General medical practitioners and hospital specialists	69 %
Staff of the School Health Service	25 %
Probation Officers	6 %

The following is a list of the reasons for reference in percentages :—

Behaviour difficulties	47 %
Emotional difficulties	47 %
Assessment of intelligence	6 %”

SPEECH THERAPY

A part-time speech therapist employed by the authority held sessions at each of the two school clinics.

She reports that with the movement of the population to Gorleston she has to devote more time to that area and less to Yarmouth. More than half of her cases were suffering from dyslalia and there appears to be a dearth of more complex cases in the area. There have been cases of speech refusal at school and the speech therapist expresses appreciation of the understanding and treatment of such exceptional cases by teachers, nurses and other workers.

The following is a statistical summary of the work at the clinics :—

	Yarmouth	Gorleston	Total
Cases treated	49	63	112
Attendances	296	310	606
New cases	14	27	41
Discharged	20	16	36
Left area	1	2	3
Left school	2	—	2
Defects treated :			
Stammering	16	27	43
Cleft palate	3	3	6
Dyslalia	30	30	60
Deaf speech	—	—	—
Rhinolalia	—	1	1
Spastic speech	—	—	—
Bad speech associated with mental backwardness	—	2	2

MINOR AILMENTS

The clinics were open daily for the treatment of minor ailments under the arrangements as described in previous reports. The number treated was 482 compared with 557 last year.

HANDICAPPED PUPILS

This section deals with the duty of the local education authority to ascertain those pupils who through some disability, physical or mental, require education of a kind not usually provided in an ordinary school, and with arrangements for providing such education in day or residential special schools.

In an authority of this size it is not possible to provide special education for all groups of handicapped pupils locally and there is in fact only one special school in the area, the residential East Anglian School which admits deaf and partially sighted pupils.

In cases where the handicap is severe or difficult to cope with at home, the authority sends children to residential special schools in other areas, but wherever possible special arrangements are made to enable the child to remain at home. Transport is provided when he cannot get to school on his own and teachers make arrangements in schools to meet the difficulties of individual cases. When none of these methods meets the case the authority provides teaching at the home of the pupil.

During the year the following handicapped pupils were newly ascertained :—

Blind	1
Partially deaf	1
Educationally subnormal	5
Maladjusted	1
Epileptic	2

Among those ascertained, the following were admitted to special schools or homes :—

Educationally subnormal	1
Maladjusted	1
Epileptic	1

CATEGORIES OF HANDICAPPED PUPILS

At the end of the year there were 62 pupils on the handicapped pupils register. The special categories of handicapped pupils, together with the local position regarding them, is shown below :—

(a) *Blind pupils* — that is to say, pupils who have no sight or whose sight is or is likely to become so defective that they require education by methods not involving the use of sight.

Classified—1.

Recommended for residential special school—1.

Placed in residential special school—Nil.

This pupil was originally ascertained as partially sighted and admitted to the East Anglian School in 1955. Her sight however deteriorated and arrangements are being made for her transfer to a residential special school for blind pupils.

(b) *Partially sighted pupils* — that is to say, pupils who by reason of defective vision cannot follow the normal regime of ordinary schools without detriment to their sight or to their educational development, but can be educated by special methods involving the use of sight.

Classified—2.

Recommended for residential special school—2.

Placed in residential special school—2.

(c) *Deaf pupils* — that is to say, pupils who have no hearing or whose hearing is so defective that they require education by methods used for deaf pupils without naturally acquired speech or language.

Classified—5.

Recommended for residential special school—5.

Placed in residential special school—5.

(d) *Partially deaf pupils* — that is to say, pupils who have some naturally acquired speech and language but whose hearing is so defective that they require for their education special arrangements or facilities though not necessarily all the educational methods used for deaf pupils.

Classified—2.

Recommended for residential special school—2.

Placed in residential special school—1.

One child was classified as a partially deaf pupil in October and it is hoped to find a vacancy for her in a residential special school by September 1958.

(e) *Educationally subnormal pupils* — that is to say, pupils who, by reason of limited ability or other conditions resulting in educational retardation, require some specialised form of education wholly or partly in substitution for the education normally given in ordinary schools.

Classified—31.

Recommended for residential special school—4.

Placed in residential special school—3.

Recommended for day special school (for record purposes only, no such school available)—20.

Recommended for special educational treatment in ordinary schools—7.

Being educated at ordinary school—28.

Four children in the educationally subnormal group who were approaching school-leaving age were reported to the local health authority under section 57(5) of the Education Act, 1944, as being in need of supervision after leaving school and were thereby brought under the care of the local health authority.

Four children who were considered to be incapable of receiving education in school were reported to the local health authority under Section 57(3) of the Education Act, 1944, and were similarly brought under the care of that authority.

(f) *Epileptic pupils* — that is to say, pupils who by reason of epilepsy cannot be educated under the normal regime of ordinary schools without detriment to themselves or other pupils.

Classified—3.

Recommended for residential special school—3.

Placed in residential special school—2.

Place available but refused—1.

(g) *Maladjusted pupils* — that is to say, pupils who show evidence of emotional instability or psychological disturbance and require special educational treatment in order to effect their personal, social or educational readjustment.

Classified—7.

Recommended for residential special school or hostel—7.

Placed in residential special school—Nil.

Placed in independent residential special school—2.

Placed in residential hostel and being educated at ordinary school—3.

Awaiting admission to a residential hostel or special school—1.

Parents refuse consent for special school—1.

(h) *Physically handicapped pupils* — that is to say, pupils not suffering solely from a defect of sight or hearing who by reason of disease or crippling defect cannot, without detriment to their health or educational development, be satisfactorily educated under the normal regime of ordinary schools.

Classified—11.

Recommended for residential special school—4.

Placed in residential special school—3.

Parents refuse consent for admission—1.

Receiving special educational treatment in hospital—1.

Receiving special educational treatment in a hospital school—Nil.

Receiving special educational treatment in an ordinary school—5.

Receiving home teaching—1.

(i) *Pupils suffering from speech defect* — that is to say, pupils who on account of defect or lack of speech not due to deafness require special educational treatment.

Classified—Nil.

It is to be noted that 112 children attended the Speech Therapy Clinic for speech defects but it was not considered necessary to bring any of them within the above definition.

(j) *Delicate pupils* — that is to say, pupils not falling under any other category in the Regulations, who by reason of impaired physical condition need a change of environment or cannot, without risk to their health or educational development, be educated under the normal regime of ordinary schools.

Classified—Nil.

HOME TEACHING

Home teaching is provided for handicapped children who for any reasons are unsuitable for special schools or who have long periods to wait before vacancies are obtained for them in such schools.

Three children received home teaching during the year and the following are brief details concerning them :—

1. A boy, aged 15 years, suffering from paralysis following poliomyelitis. He was admitted to a residential special school in May 1950 and later transferred to a hospital for a prolonged course of treatment. In December 1953 he was brought home at the request of his parents and was provided with home teaching. In 1956 he was brought to the notice of the Youth Employment Officer so that the question of further education or training could be considered before he ceased to be of compulsory school age. Because of the severity of his handicap it was not found possible to have him trained and home teaching is being continued while further efforts are made.
2. A boy, aged 9 years, suffering from pseudo hypertrophic muscular dystrophy. After a period at an ordinary school, home teaching was commenced in May 1956 when he developed a number of behaviour difficulties but since then he has improved and it has been found possible to return him to school for a further trial period.
3. A girl, aged 15 years, suffering from epilepsy was able to attend an ordinary school until September. Her epileptic fits then became more frequent and severe and she was classified as a handicapped pupil. While awaiting a place in a residential special school home teaching was provided.

All children who received home teaching were visited regularly at their homes by one of the school medical officers.

VACCINATION AND IMMUNISATION

SMALLPOX

As indicated in previous reports, no service for vaccination against smallpox is provided directly by the School Health Service.

DIPHTHERIA

The figures again show a considerable decrease in the work done among schoolchildren in connection with diphtheria immunisation. The continued absence of diphtheria from the town makes it increasingly difficult to maintain a satisfactory standard of immunisation. Efforts will be made to improve the figures in future years.

	1957	1956	1955
First immunisation	24	44	56
“Booster” doses	157	306	702
Percentage immunised between 5 and 15 years	48.1 %	54.1 %	55.1 %

TUBERCULOSIS

Under the authority's approved arrangements for the vaccination of schoolchildren between their thirteenth and fourteenth birthdays against

tuberculosis, all parents with children in the eligible age group were invited to give their consent for skin testing and, if necessary, for the B.C.G. vaccination.

The following table gives details of the work carried out :—

Number giving consent	960
Number skin tested	847
Number found negative	652 (76.9%)
Number vaccinated	639

For the children unable to attend for testing or vaccination, second appointments were sent in all cases but this work is not recorded in this report as arrangements were made for completing it in the following year.

POLIOMYELITIS

The arrangements for immunising against poliomyelitis, first introduced by the Ministry of Health in 1956, were continued, and as more vaccine became available invitations to register were sent to other selected groups of the population.

During the year 1,521 children of compulsory school age had their vaccinations completed.

Further details of the scheme will be found in the general report.

INFECTIOUS DISEASES

The following table shows the number of notified cases of infectious diseases in children of compulsory school age during 1957 and in preceding years.

Disease	1957	1956	1955	1954	1953	1952	1951
Scarlet fever	9	27	14	38	33	22	26
Diphtheria	—	—	—	—	—	—	1
Measles	671	6	129	328	30	835	10
Whooping cough	111	4	71	29	68	49	31
Pneumonia	4	1	1	2	3	4	2
Poliomyelitis	7	—	2	3	2	—	1
Dysentery	—	1	34	1	89	—	17
Encephalitis	—	—	—	3	—	—	1
Food Poisoning	1	14	—	4	4	2	2

Measles reached its highest incidence since the peak year of 1952. The outbreak occurred during the months of June to August.

Whooping cough was also more prevalent than usual and the cases occurred mainly in the months of March to June.

Of the 7 cases of poliomyelitis only 3 were paralytic. One was of slight and two of moderate severity.

The schools were fortunately free from dysentery which has been so troublesome in some parts of the country.

For the sixth year in succession there were no cases of diphtheria.

TUBERCULOSIS

There was one notification of pulmonary tuberculosis in a child of school age. This was in the girl aged 15, referred to in last year's report, who during a survey of the school following the discovery of a previous case, was among those who reacted positively to the Heaf test and were consequently X-rayed.

No other case came to light during this survey and no source of infection was found among the immediate relatives of the girl concerned.

There were no notifications of non-pulmonary tuberculosis during the year.

Fifteen student teachers, 10 girls and 5 boys, were X-rayed at the Chest Clinic before entering training colleges.

Eighteen schoolchildren who attended the Chest Clinic as contacts of known cases of tuberculosis were given B.C.G. vaccination.

DEATHS OF SCHOOLCHILDREN

There were two deaths during the year among children of school age. The registered causes of death were :—

(1) Motor accident.

(2) Asphyxia due to drowning. Accidental death.

Both accidents were the subjects of inquests.

INFESTATION WITH VERMIN

The work of the school nurses in controlling infestation in schools was continued on the lines indicated in previous reports.

The statistical information given below shows that a large amount of work was done, but it is hoped that it may be possible to reduce this in future years by making inspections more selective. Some schools have not had a case of infestation for years, and the cases found in other schools come almost consistently from a small group of families.

Since the consultations which took place with the local branch of the National Hairdressers Federation, no more cases have been reported of children being given attention in hairdressing establishments while their heads are verminous.

The following is a statistical survey of the work :—

Total number of examinations in the schools by the school nurses or other authorised persons	...	20,442
Total number of individual pupils found to be infested		132
Number of individual pupils in respect of whom cleansing notices were issued (section 54(2), Education Act, 1944)	... ..	—
Number of individual pupils in respect of whom cleansing orders were issued (section 54(3), Education Act, 1944)	... ..	—

The following table shows a comparison with previous years and gives particulars of the number of children and percentage of the school population found to be infested :—

1950	224	3.0%
1951	254	3.3%
1952	191	2.3%
1953	131	1.5%
1954	117	1.3%
1955	162	1.8%
1956	153	1.7%
1957	132	1.4%

SCHOOL DENTAL SERVICE

WALTER NICHOLLS, L.D.S., R.C.S., *Principal School Dental Officer*

During 1957 there were two dental officers on the staff, one working in Yarmouth and one in Gorleston.

The work this staff is called upon to perform includes the dental inspection of the whole of the school population, the treatment of expectant and nursing mothers and pre-schoolchildren. The scheme is also extended to children attending the Occupation Centre for the mentally defective.

The pressure of work at each clinic continues to increase. The number of urgent cases recommended by the school doctors and nurses, and the number of requests from parents and teachers have continued to keep the clinics fully occupied, so that it has not been possible to carry out as many routine school inspections as in the previous year.

In addition to relief of pain and sepsis, judicious extractions of teeth to relieve overcrowding or prevent irregularities or render the mouth healthy and useful is the general practice. But special attention is paid to the preventive and restorative side of dentistry and in consequence all permanent teeth which can possibly be saved are filled. Comparatively few temporary teeth have been filled; this work has only been undertaken in the very young and in healthy mouths and when the child has been amenable to treatment and the parent intelligent enough to realise that it is only a temporary measure to save the teeth for a period. Otherwise the parent tends to draw the conclusion that fillings of any nature are valueless.

During the year one found small numbers of hopelessly carious permanent molars with chronic alveolar abscess. There did not appear to be any diminution in the number of children suffering from caries in the permanent incisors and the reason for this is undoubtedly pappy food, e.g. milk and biscuits before retiring or lack of dental hygiene. Much more could be done in the home and school to persuade pupils to put into practice the principles that are continually stressed in the Dental Service. To give a child a toothbrush and to teach him or her to use it are by far the simplest and cheapest ways of avoiding dental decay.

Anaesthetics are administered by the medical staff of the School Health Service. The number of general anaesthetics has fallen from 1523 in 1956 to 1017 in 1957 with a corresponding drop in the number of permanent and temporary teeth extracted.

Twenty-two half days were spent in routine inspections and 733 devoted to treatment sessions. In all 2633 children were referred for treatment and 2499 or 94 per cent actually received treatment. Extractions were 618 permanent and 1737 temporary teeth while 2039 perma-

nent and 201 temporary teeth were filled. Special application by parents for treatment of children was made in 2263 cases, an increase of 268 on last year's figure.

Many children were supplied with orthodontic plates for various types of irregularity of the teeth. This branch of treatment is much appreciated by the children and parents and one regrets that there is not more time to devote to it.

In addition to supplying 69 children with orthodontic appliances, 7 were fitted with oral screens (a great help in expediting treatment particularly in mouth-breathing cases) for wear throughout the night; 31 partial dentures were also supplied. Six orthodontic appliances and 14 partial dentures were repaired and one oral screen replaced.

The general impression drawn from the work of the clinics is the growing increase in the interest evinced by parents and children in dental treatment, and the closer co-operation which has been established between the preventive and treatment side of the scheme.

The following statistics give particulars of the work done during the past two years :—

Number of pupils inspected by the authority's Dental Officers :—

					1957	1956
Periodic age group	...	...	...	...	1490	4340
Specials	...	...	...	...	2263	1988
Total	...	...	...	...	3753	6328
Number found to require treatment	...	...	...	...	2758	3872
Number referred for treatment	...	...	...	...	2633	2843
Number actually treated	...	...	...	...	2499	2347
Attendances made by pupils for treatment	...	...	...	...	6499	5973

Half-days devoted to :—

Inspection	...	...	...	...	22	40
Treatment	...	...	...	...	733	815
Total	...	...	...	...	755	855

Fillings :—

Permanent teeth	...	...	...	...	2394	2664
Temporary teeth	...	...	...	...	219	319
Total	...	...	...	...	2613	2983

					1957	1956
Number of teeth filled :—						
Permanent teeth	...	...	...	...	2039	2383
Temporary teeth	...	...	...	...	201	299
Total	...	...	...	...	2240	2682
Extractions :—						
Permanent teeth	...	...	...	...	618	703
Temporary teeth	...	...	...	...	1737	2416
Total	...	...	...	...	2355	3119
Administration of general anaesthetics for extraction					1017	1523
Orthodontics :—						
Cases commenced during the year	...	...			59	84
Cases carried forward from previous year					37	20
Cases completed during the year	...	...			25	35
Cases discontinued during the year					6	9
Pupils treated with appliances	...	...			50	75
Removable appliances fitted					69	107
Fixed appliances fitted	...	...	...		7	—
Total attendances	...	...	...	...	1025	908
Number of pupils supplied with artificial dentures					31	26
Other operations :—						
Permanent teeth	...	...	...	...	1848	1136
Temporary teeth	...	...	...	...	467	859
Total	...	...	...	...	2315	1995

PROVISION OF MILK AND MEALS

MILK

Milk in one-third pint bottles was again available, free of cost, to all pupils in maintained and in independent schools. 79 per cent of the pupils in maintained schools accepted this milk, the lowest percentage (34) occurring in a secondary school and the highest (100) in an infant school.

MEALS

Mid-day meals, supplied from eight kitchens, were available for all pupils in maintained schools. As a result of Ministry of Education circular no. 321 the price of meals to children was increased from 10d. to 1/- on 1st April 1957.

The following table shows the number of meals supplied during the financial year 1956-7 compared with the corresponding details for the previous year :—

	1956-57	1955-56
Total number of meals provided	689,627	624,025
Percentage of children having meals	36.4	35
Daily average number of free meals	389	350
Daily average number of meals on payment	2,741	2,720
Total daily average	3,130	3,070

EMPLOYMENT OF SCHOOLCHILDREN

Within four days of a child being employed, the local authority must receive from his employer a written notification stating the name, address and date of birth of the child, the occupation in which and the places at which the child is employed, and the times at which the employment begins and ends. A medical examination is then arranged and a certificate is issued, provided that the medical officer considers that such employment will not be prejudicial to the physical fitness of the child and will not render him unfit to receive proper benefit from his education.

The school medical officers held weekly sessions on Saturdays for these purposes and examined 344 children. No certificates were refused. Twelve children had their certificates endorsed for limited periods only, but after re-examination the children were passed as fit for continued employment.

YOUTH EMPLOYMENT

The number of children who left school during the year was 697 and for each of these a confidential medical report was sent to the Youth Employment Officer to assist her in placing those children who required advice in suitable employment.

In the case of handicapped pupils, an additional and more detailed report was prepared and the Chief Welfare Officer was also informed so that he might continue to assist them after they ceased to be the responsibility of the School Health Service. These reports stated the nature of the defect, the degree of disability and, whenever possible, recommended the type of work for which the pupils were more suited.

In addition, the school medical officers discuss with the Youth Employment Officer any difficult cases where the nature of the handicap severely limits the choice of occupations.

MEDICAL EXAMINATION OF TEACHERS

The medical examination of entrants to the teaching profession and to training colleges continued to be made in accordance with the arrangements given in Ministry of Education circular 249 of March 1952.

A total of 37 examinations took place in 1957. Of these, 19 were of candidates about to commence a course of training and the remainder were either of new entrants to the profession or of practising teachers about to take up appointments with this authority. In addition, one examination was carried out on behalf of another authority.

An X-ray examination of the chest was included as an essential part of the medical examination of all new entrants to the profession and, where it appeared to be desirable, such an examination was also made in the case of entrants to courses of training.

HEALTH EDUCATION

Ministry of Education pamphlet 31 was received during the year. This like its predecessors is issued to assist teachers in giving their pupils the best possible training in matters of health but it should also prove most useful to others interested in social and welfare work. A copy of this pamphlet was sent to all schools in the Borough.

In Ministry of Health circular 7/57 attention was drawn to the Medical Research Council's report on smoking and lung cancer, and local authorities were requested to bring the opinions expressed in this report effectively to the public notice. As it was felt that schools were an important place for propaganda this subject was discussed by the Education Committee and arrangements made for a meeting to be held of all head teachers to decide on the best method of conducting a "don't-start-smoking" campaign in the schools. This subject is more fully dealt with in the general health report on page ??.

As in previous years, medical officers have addressed various young people's meetings, parent-teacher associations and discussion groups on various aspects of health. More lectures have been given than before and on a wider range of subjects, and extensive use was made of posters, films, film strips and other visual aids.

SCHOOL HYGIENE

PREVENTION OF FOOD POISONING

The general arrangements for ensuring a high standard of hygiene in the preparation and serving of school meals and milk, described in the 1954 report, were maintained.

No food poisoning cases were traced to the School Meals Service during the year.

Routine inspections of all school kitchens were carried out by the Public Health Inspectors and recommendations made when necessary.

Pasteurised milk only was supplied to the schools and the sources were approved by the Medical Officer of Health.

Sampling of school milk :—

- (a) Chemical examination. During the year 16 samples were taken; all were well above the legal minimum standards for fat and solids not fat.
- (b) Bacteriological examination. 20 samples were taken and all satisfied the prescribed tests for efficiency of pasteurisation and for keeping quality.

These samples were taken at random from schools in the borough.

Storage of milk in schools was on the whole satisfactory. At one school advice on protection from possible contamination was given.

Broken glass tops of school milk bottles were reported on four occasions and in one a piece of glass was found in the milk. The supplier concerned was warned by the Medical Officer of Health.

One complaint regarding the taste of milk was brought to the notice of the farmer and dairyman concerned. In a case of incorrect labelling a warning letter was issued.

Following a complaint received from a school kitchen, a delivery of meat was examined and found to be unsatisfactory. The occurrence was drawn to the attention of the butcher concerned.

SANITARY IMPROVEMENTS IN SCHOOLS

During the year all the schools in the borough were inspected and where necessary recommendations were made for improvements.

I am obliged to the Schools Architect for a list of works carried out. These include the reconstruction of a lavatory block at the Styles School, the refurbishing of the ladies lavatory block at the Technical College and various improvements to 10 primary schools.

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